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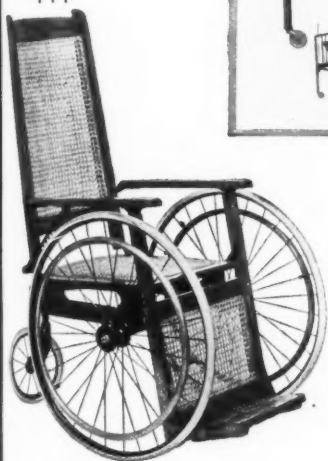
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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

MAY 1941

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speaking frankly

SOLDIER-DOCTORS

TO THE EDITORS: When a physician receives a Government order telling him to report for active duty, countless urgent questions rise up in his mind. What is to become of his private practice? Who will take care of his obstetrical patients? How much practice will he come back to a year from now? How will he collect his outstanding accounts?

During the last war no real effort was made to solve the problems of soldier-doctors, and perhaps not a great deal will be done this time. Something, however, can be done if the situation is faced conscientiously by county medical societies. Those men left behind should make it a point of honor to see that a patriotic doctor returns to at least a nucleus of his patients.

I know it is not easy. After a year's time it is hard to drive patients back to their original doctor. Many of them will by then have drifted through several doctors' hands and become hopelessly lost. Still, there is no reason why a substantial percentage cannot be salvaged.

The whole question is peculiarly one for the county society. A standing committee, or an executive committee created for the specific purpose, should handle the problems of soldier-doctors. The word "executive" is appropriate because it indicates privacy; the highly personal relationships of the soldier-doctor and his patients should not be dragged before an open session of the society.

In my society (Harris County, Texas) an executive committee is actively formulating a plan to meet the situation. Here's the way it is shap-

ing up: The executive committee determines policies and methods of approach, and also handles all special problems in closed session. Subject to the committee's supervision, details are carried out by a special bureau created for this task. This organization has office personnel, telephone service, and collection facilities adequate to handle routine and to collect accounts for men called into service.

Walter A. Coole, M.D.
Houston, Texas

BEDSIDE

TO THE EDITORS: Here's one approach to an improved bedside manner:

Upon receiving a call, a physician should always take a few minutes to glance over all the data on his patient's case-history. (Even in emergencies the procedure can be valuable, as in cases of coma.) Then when he arrives at the bedside, the doctor is so primed with morsels of information about previous calls that the patient and family are invariably surprised and pleased by this evidence of personal interest. . .

The physician who makes a habit of pre-viewing the record before each visit enters the home with a tremendous advantage over less thorough colleagues. It is of such things that the successful bedside manner is made.

Edward S. Dougherty, M.D.
Ashley, Pa.

COURTESIES

TO THE EDITORS: I read your March editorial on courtesy privileges with much interest. . . [Turn the page.]

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Who first sees the average patient? The family physician, the general practitioner. Who knows the most about this patient—about his past history—about his mental, physical, emotional, food, drug, and other idiosyncrasies? Again the family physician. Why does the physician call in a specialist? Because he is better trained in his specialty than the G.P. Does that make the specialist more competent to take over entire charge of the patient? It most emphatically does not!

Do patients like to have their family physician thrown out of a hospital just because he does not happen to be a member of the staff? They do not.

What is the solution? Any physician licensed to practice should have the absolute right to follow his patient into any hospital in his State which is open to paying patients. He should have the right to treat and issue orders for the care of that pa-

tient. If a specialist is called in, the latter should have charge just so far as his special work is concerned and no farther. . .

There should of course be reasonable standards of competence, set up by county or State medical societies, to prevent a dermatologist, for instance, from attempting brain surgery or an ophthalmologist from performing a Caesarean section. But there is never a case where the patient's family physician is not the most competent of all to advise and direct certain features of treatment.

So more power to the Cabots in their efforts to smash a system which absolutely deprives the family physician, if he happens not to be a member of the staff, of all rights concerning the care of his patient. It's a system which invests full powers to determine the fate of that patient in a little tin god who acquires his powers, in many cases, just because he happens to live inside a geographical



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"A Point with Steel Sharp-
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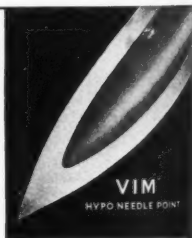
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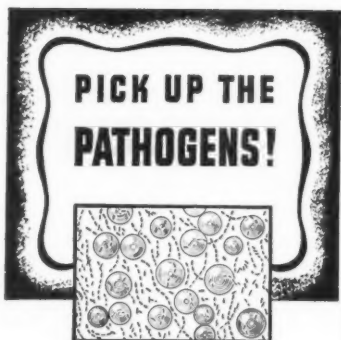
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A little more common sense and a little less shirt stuffing in relations between patients, physicians, and hospitals will vastly improve the value of services rendered by all three. If government action must be taken to accomplish this, let it come soon.

G. E. Crosley, M.D.
Milton, Wis.

TO THE EDITORS: Regarding the extension of courtesy hospital privileges:

The doctor should, if at all possible, arrange for his patients to suffer from a condition suitable for the attention of a surgeon, gynecologist, obstetrician or other colleague with a job on the regular staff, and he should mention the colleague's name. This latter little gesture is very important. Almost invariably, the original attending doctor will be most "courteously" permitted to approach his patient's bedside, though his oral orders may tend to become unintelligible and his written ones altogether illegible. . .

Until the past few years, who ever heard of a "courtesy" staff? Is not the very use of the word in this connection patronizing, if not offensive? Does it not really connote: "Yes, we'll do you the favor of admitting your patients to our private preserves, *but*. . ."

All will agree that hospitals do exist primarily for the public, and not for the personal aggrandizement of small, self-perpetuating groups of medical men. On hospital staffs and off, there always have been bona fide specialists and more or less crude poseurs—some devoted to the care of the sick and some to the care of themselves. It may bear repeating once more that much of our specialization and hospital organization rests on hypocrisy and greed.

Not the least remarkable feature of American medicine of today is that, notwithstanding all our vena-

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tions and tribulations, it is as good as it is. Remove from it the human elements of greed or competition for power, and medical men and their public would all be living in paradise. The formula for that awaits discovery.

M.D., Illinois

ELIGIBLE

TO THE EDITORS: Being 35½ years old, I had to register for the draft. From everything I have read so far, it appears that you cannot receive a commission in the army medical corps reserve if you are over 35.

Does this mean that if I am selected for service in the army, I will not be qualified even to apply for a commission in the medical reserve, and consequently may have to serve the full time as a private? Also, after I reach my thirty-sixth birthday, will I still be subject to the draft as the law now stands?

Herbert R. Rice, M.D.
Roseau, Minn.

[MEDICAL ECONOMICS questioned the War Department about Dr. Rice's eligibility for a commission. Answer: "Since only applicants who have not passed their thirty-fifth birthday are eligible, it will be necessary in the case of such a registrant to obtain waiver of this age limitation. This is an administrative detail which I am sure may be overcome in each case."

As for Dr. Rice's second question, Selective Service headquarters says: "Under the present law the doctor will still be eligible for selective service after passing his thirty-sixth birthday. In fact, he will be so eligible within the next five years."—THE EDITORS]

CONFIDANTS

TO THE EDITORS: I can't help but feel that the physician today doesn't hold the public's respect as much as he did a generation ago. Then, the doc-



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tor could depend upon the greater part of his practice sticking with him a lifetime. Today, patients shift doctors as easily as they do grocers.

One reason for the loss of prestige, I believe, is that the modern doctor talks too much medicine with his patients. This, along with the numerous books and movies dealing with medicine, has given the patient enough materia medica so that he feels he knows almost as much about what's wrong with him as does his physician.

J. E. Mott, M.D.
Paterson, N.J.

HISTORY

TO THE EDITORS: Up until the first World War, the general practitioner was in an enviable position. But after that conflagration, the public put on its \$9 shirt and started a fling with the specialists. When the public lost its shirt in the depression, so did the specialist, and now we find him drift-

ing back to the G.P. with vituperation on his tongue and an eye on patients which he often has no ethical right to treat within the confines of his specialty. . .

M.D., Ohio

EXPLOITATION?

TO THE EDITORS: I am one of the physicians upon whom the Government has laid the difficult and time-consuming task of examining draftees. It is the latest exploitation to take place under the guise of "patriotic duty."

While other citizens are being paid high wages—and striking for still higher pay—we're expected to examine men day in and day out, to furnish equipment, supplies, and office personnel, and to take the headaches that go with forcing an unwilling man into the army. We're told that there's no justification for our being paid. And all the while Presi-



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For obvious reasons, I cannot sign this letter. I'm neither a slacker nor unpatriotic; but I have no desire to be called both.

M.D., Iowa

LOOK-SEE

TO THE EDITORS: An aquarium is an effective means of holding the interest of waiting patients (except, perhaps, in large-city practices). Mine is a glass rectangle, 16" x 10" x 11". Occupying a table in the center of the reception room, where it may be observed from all sides, it has proved popular with all classes of patients. Goldfish are the favorites, with waterbugs, spiders, snails, and waterplants runners-up.

Bertram Johnson, M.D.
Eureka, Kans.

COLLECTIBLE?

TO THE EDITORS: Numerous physicians are unable to collect their fees because dishonest, negligent, or habitually procrastinating people know that doctors are poor collectors, and that the sums in question are often too small for the physician to waste time on in court. They know that, when worse comes to worst, there are many other doctors around the corner.

There is, however, one effective way of remedying this deplorable situation. It lies in applying the principle of "strength in unity." Physicians should either organize into district groups for collection purposes or have special committees under the jurisdiction of county medical societies. The committees should be invested with the authority to attend to delinquent patients. Here is the way

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FARASTAN*

Cinchophen with iodine—effectively relieves pain, swelling, immobility.

AMOXIN*

Cinchophen-free—non-toxic, effects prompt symptomatic relief and systemic improvement.

Send your letterhead or card for sample and literature.

The Laboratories of

THE FARASTAN COMPANY

137 South 11th St.

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TIME AND EXPERIENCE

I have approved

Sanmetto

For more than fifty years many physicians have prescribed Sanmetto with satisfactory results in disorders of the urogenital tract.

Alone or combined with other indicated medication this *soothing preparation* provides added comfort to your patients, lessens possible drug irritation.

Sanmetto is a preparation of Sandalwood, Saw Palmetto and Corn Silk. Alcohol 20.6%. One to two drams every four hours, four times a day, is considered the optimum dose.

OD PEACOCK SULTAN CO.

Pharmaceutical Chemists

4500 Parkview Place

ST. LOUIS, MO.

such a committee might best function:

Doctors would submit the names of their debtors to the secretary. He would then write to the persons in question. Such letters, on the organization's official stationery, would carry behind them the weight of hundreds of organized physicians. Patients might thus be given to feel that their names and credit ratings are known to the members of the medical society. . .

This method alone will suffice to bring about better collections. The public will be educated to respect physicians' bills. Further, should this course of action fail and two or three letters of increasing firmness go unanswered, the committee should then be empowered to refer cases to an attorney. It is my conviction, however, that very rarely will recourse to this step be necessary.

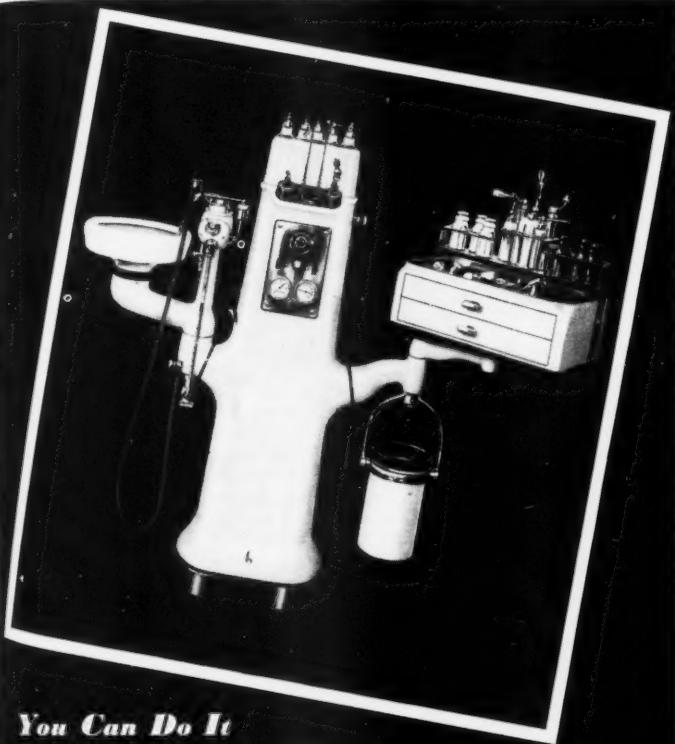
Elwood Roodner, M.D.
New York City

PEEVES

TO THE EDITORS: Last week I left the hospital. No, I hadn't resigned from the staff: I was discharged as a patient. Frozen into bed by a body cast. I had lots of opportunity to see the members of my profession as patients see us. My own peeves as a patient included the following irritations:

Too much chattering about politics and outside affairs when all I was concerned about was my backache; smoke puffed in my face, giving the air a heavy, stale tobacco odor; patronizing smiles of disbelief as I described exquisitely real symptoms which just didn't fit into my doctor's notion of the pathology; and inflexible enmeshment in such hospital red tape as ironclad rules about when to turn out lights or when to have my face washed.

Other annoyances: a physician's inability to disguise his impatience when he was in a hurry to continue his rounds; and consultations or spe-



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Faster . . . Easier . . . More Efficiently with the***

Ritter ENT Unit

Water . . . air . . . electricity . . . vacuum . . . waste . . . all are brought to you in one compact unit. Reduces operating, treatment and examination time . . . brings added ease to you and adds to your efficiency. See it at your Ritter dealer's, or write direct for literature.

Ritter Equipment Company, Inc.
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THE ONE UNIT THAT HAS "Everything"

cial tests ordered to relieve the doctor of the care required to work out a diagnosis for himself. (It's no wonder patients resent the expense this requires. You'd be surprised how obviously much of it is merely time-gaining delay designed to conceal the doctor's uncertainty!)

Believe me, it's a revealing experience for any doctor to be looking up from a bed once in a while instead of down on it.

M.D., Ohio

COBWEBBY

TO THE EDITORS: In a recent issue of MEDICAL ECONOMICS, a correspondent reported that one reason why doctors join dispensary staffs is "to discharge the profession's time-honored obligation to treat the indigent sick." I consider this antiquated and cobwebby. Why should the doctor pose as a philanthropist any more than a judge or a lawyer or a civil engineer?

For humanitarian reasons I have never refused to give first aid to anyone regardless of the remuneration. But if the case needs further attention, I want to know who's going to pay the bills. . . .

Why should a patient go to a doctor's office and pay him a fee, when by going to a clinic he can have the same services for nothing? I have performed hundreds of operations during my years in the clinics. Yet when I meet some of the people who were benefited, they fail to recognize me as the doctor who did the work. Apparently, I played but a small part in the affair. Only the clinic gets their respect and credit. . . .

I'm not suggesting that doctors do no more for charity; but I *do* want to see a more equal sharing. Suppose the Atlantic and Pacific Tea Company were asked to supply food to everyone who was hungry but had no money; the Delaware & Hudson Company, coal to those who were



Welcome Relief in Menstrual Disturbances with

ERGOAPIOL

(Smith)

INDICATIONS
Amenorrhea, Dysmenorrhea, Menorrhagia, Metrorrhagia, Menopause, in Obstetrics.

DOSE
One to two capsules three or four times daily.

HOW SUPPLIED
In ethical packages of 20 capsules.

A HIGHLY efficient emmenagogue, Ergoapiol acts to normalize menstrual function by inducing pelvic hyperemia, and stimulating smooth, rhythmic uterine contractions. It also constitutes a desirable hemostatic agent to help control excessive bleeding.

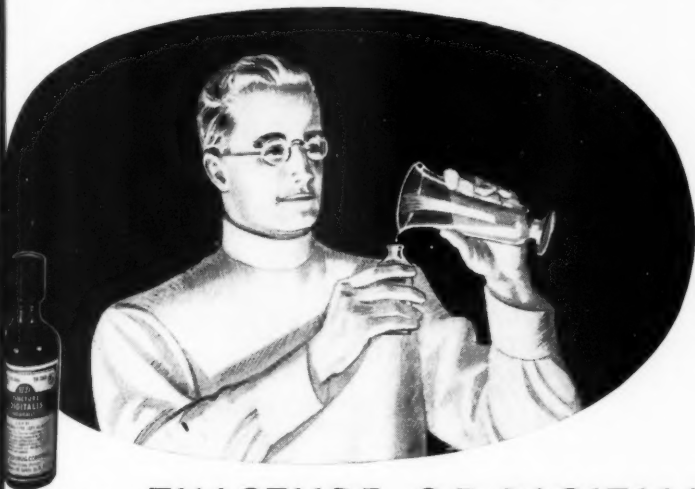
These properties enable the physician by symptomatic treatment to ameliorate the distress of amenorrhea, dysmenorrhea, menorrhagia and metrorrhagia of functional origin. Its unusual efficacy arises from its balanced content of all the alkaloids of ergot, together with apiol (M. H. S. Special), oil of savin and aloin. . . . May we send you a copy of the comprehensive booklet, "Menstrual Regulation"?

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Ethical protective mark. M. H. S. visible only when capsule is cut in half as shown.



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U. D. TINCTURE OF DIGITALIS

Prescribes your patients with **exact** dosage and uniform quality

and meticulous attention to detail in every step of manufacture is your assurance that U.D. Tincture of Digitalis gives you uniform effectiveness in your treatment of cardiac cases. In addition to the control and checks in the Department of Research and Technology in one of the finest drug laboratories in America, bio-chemical standardization of U.D. Tincture of Digitalis is further checked and repeated in processing by one of the nation's foremost authorities on bio-assays in a university.

It is then packaged for the safety of your patients in one-fluid-ounce amber-colored bottles which prevent deterioration, with scientifically designed droppers which dispense exact dosage by dispensing *exactly* one U.S.P. minim.

U.D. Tincture of Digitalis U.S.P. is available only at Rexall Stores in the United States, Canada and throughout the world. Liggett and Owl Stores are also Rexall Stores. These 10,000 stores are ready to fill your prescriptions to the letter with any pharmaceutical product, including U.D. pharmaceuticals.

Specify "UD" for dependability and effectiveness

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DRUGS



An analgesic, antipruritic and decongestive that offers rapid and sustained comfort to the skin at most any age. Applied locally it helps to alleviate itching and pain, to minimize congestion and to soften the superficial skin layer.

CAMPHO-PHENIQUE

as a topical application is valuable for immediate and for prolonged therapy in eczema, seborrheic dermatitis, acne, urticaria, pruritis, and decubitus. Prepared in liquid, ointment and powder base.

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cold; General Electric, fans to those who were hot; Hart, Schaffner, & Marx, clothes to those who were naked; Abbott Laboratories, salvarsan to those who had syphilis. Or suppose the banks were asked for money to build a new hospital, a construction company to furnish material, furniture companies to supply beds, and a surgical supply firm to outfit the operating room. Would they do it? Of course not, and no one would seriously expect them to. Rightly enough, they feel called upon to give only of their excess, not of their substance...

Edward S. Lodge, M.D.
Los Angeles, Calif.

SYMBOL

TO THE EDITORS: In the A.M.A. directory, all graduates of so-called "unapproved" schools have a delta symbol printed after their names. When keyed back, this symbol indicates "graduates of institutions not listed as medical schools by the American Medical Association." Yet on preceding pages of the directory, these very institutions are listed as medical schools, though designated "not approved."

By thus omitting the word "approved" from the explanation of the delta symbol, the A.M.A. creates the impression that doctors so stigmatized never went to school at all.

Someone ought to quote the Marquis of Queensberry rules to our Chicago leadership!

M.D., New Jersey



Pictures In This Issue

- P. 40—R. I. Nesmith
- P. 41—Lambert-Frederic Lewis
- P. 42—Mitchell-Black Star
- P. 43—Leigh-Black Star
- P. 49—Harris & Ewing
- P. 58—Industrial News Service
- Pp. 65, 66, 67—Ted F. Leigh-MEDICAL ECONOMICS

ECONOMICS

ANNOUNCEMENT

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THE ever widening employment of Estrogenic Hormones, R & C . . . and the high production efficiency achieved in Reed & Carnrick's modern, specially designed estrogenic plant . . . now permit extension to the physician of important savings in the form of sharply reduced prices. These quality preparations—always triple-checked for biologic potency—thus become available for the broadest and most effective enlistment of estrogen therapy. Write for full price data.

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Treat **ECZEMA** the Improved New Way



Prescribe **SUPERTAH OINTMENT**

SUPERTAH Ointment is a white non-staining ointment prepared from a crude coal tar concentrate, uniformly milled in proper proportions to equal either a 5% or 10% crude tar ointment.

"It has proven as valuable as the black coal tar preparation, and the advantage of the diminution of the black color is perfectly obvious."*

SUPERTAH Ointment "does not stain the skin or clothing, nor does it burn or irritate the skin. We have seen no pustulation following its application. It can remain on the skin indefinitely without fear of dermatitis."*

Prescribe SUPERTAH Ointment in original 2-oz. jars, either 5% or 10% strength. Free samples on request.

*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases," p. 66.

SUPERTAH
(Nason's)

TAILBY-NASON Co.—Kendall Square Station, Boston, Mass.



She
Likes
Her
Dole
Pineapple
Juice

**7 reasons why Dole Pineapple Juice
should be included in the normal diet**

1 Pure, undiluted juice from
field-ripened fruit . . . no
added sugar.

2 Exclusive packing process
retains fresh-fruit fragrance
and flavor to high degree.

3 High in quickly-available
food energy.



4 Contains vitamins A, B1,
and C.

5 Contains minerals which
give alkaline reaction in
body.

6 Its use makes for welcome
variety in fruit juice diet.

7 Always uniform in flavor
and quality.

OLE Pineapple Juice from Hawaii, U. S. A.

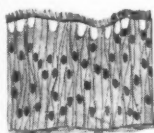
ARGYROL SAFE AND EFFECTIVE

**IN ANY
CONCENTRATION
ON ANY TISSUE**

50% SOLUTION AS BLAND AS 1%

TO DESTROY infectious organisms is a simple matter, but to accomplish this without injury to the delicate tissues in which they are imbedded and without toxicity is another problem entirely. It is because ARGYROL so adequately fulfills this requirement that, in 40 years of world-wide use, it has achieved a reputation as the ideal mucous membrane antiseptic. Various conditions call

for different concentrations, but in all concentrations ARGYROL is safe and effective. ARGYROL is not an oily base preparation, not a vasoconstrictor, not a mercurial; nor a harsh astringent. It has a superior clinical record to all other mild silver proteins and it is chemically and physically different—in colloidal dispersion, in Brownian movement, in pH, in pAg and in chemical reaction.



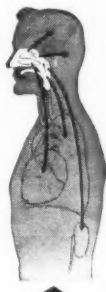
NO CILIARY INJURY—NO TISSUE IRRITATION:

The "ciliary sweep" is a vital factor in throwing off upper respiratory infections. ARGYROL, despite its protective consistency, does not injure ciliary action. In addition to its adequate bactericidal effect, its mechanical action is detergent, demulcent, pus dislodging.



DECONGESTION WITHOUT VASOCONSTRICTION:

The continued use of vasoconstrictors may lead to soginess, and loss of tissue resiliency. ARGYROL is inflammation-dispelling but induces no powerful artificial vasoconstriction.



NO SYSTEMIC TOXICITY: ARGYROL has been extensively employed in children and adults alike, but no case of systemic toxicity has ever been noted—and this despite the fact that it has been instilled into cavities as the sinuses, the bladder and the renal pelvis where it might be unsafe to employ some of the toxic metal solutions.

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SIDELIGHTS

Statements that hundreds of physicians are serving as privates in the army appear to be discounted by current evidence. One indication of this is a recent analysis of the records of 25,000 selective service men, which disclosed only a few M.D.'s.

Those physicians who are serving as privates either (1) lack educational and professional qualifications for a commission, or (2) are eligible for a commission but have failed to apply for one, or (3) are marking time for the two months it usually takes to issue a commission after application for it has been made.



Doctors assembled you'll never stop from ending up by talking shop

The quipster who wrote this was obviously aware of a common failing among professional men: the tendency to become absorbed in their practices to the neglect of civic and cultural interests. He may even have wondered what can be done about it.

One possibility is to invite more non-medical speakers to address medical society gatherings. In this connection, we were encouraged to note the activities of a program committee which came to our attention last month.

This group, in the belief that members of the society needed and would welcome hearing about problems outside medicine, invited foreign correspondent Eric Sevareid to talk on conditions in Europe. Mr. Sevareid's discussion, at the end of a program of scientific papers, provided a refreshing change of pace and subject matter.

Still another society we heard about

recently—this time a regional academy of medicine—has joined forces with one of the public discussion groups to sponsor open forums on topics of the day. Speakers have included Eve Curie, Clifton Fadiman, and others of equal note.

The prescription is one that might well be refilled.



Some sidelights from testimony at the A.M.A. trial in Washington:

Mr. Lewin (Special Assistant to the Attorney General): Do you think the fact that the [Group Health Association] doctors receive a salary has any effect on...the quality of care they are able to give?

Dr. Hugh Cabot: During the years I was on salary the care I gave was better than that I gave in private practice. I could be entirely frank... I had no fear that if I told the patient the truth, I would lose the patient... We are afraid that if we say to Jones that he is behaving like a jackass, Jones will go to somebody else, whereas in a group you are at liberty to, and do, tell the patient the truth.

Dr. Cabot: I don't believe the average layman is well equipped to make the choice of a physician...He is depending on what is generally common gossip.

Mr. Lewin: Mr. Leahy [defense counsel] characterized this clinic as a 5 o'clock clinic. He wanted the jury to understand that all these groups...quit at 5 o'clock.

Mr. Leahy: Well, what are you getting mad about?

Mr. Lewin: I'm not getting mad.

If you will permit me, I am just a little indignant.

Mr. Leahy: Why, this is a very pleasant little gathering.

The Court: When I spoke of outbursts a while ago, I had this kind in mind!

Mr. Leahy: We have had here asked about "adequate medical care," and "complete medical care." Frankly, I don't know what they mean. Will you tell us?

Dr. Cabot: I won't bite.

Mr. Leahy: Do you think their opinion [the opinion of 110,000 A.M.A.-member physicians] is the only expert opinion with respect to the methods by which the profession should be conducted?

Dr. Cabot: In so far as it confines itself only to the question of medicine, yes. But I should not take that opinion seriously when it involves questions of finances, economic or social readjustment.

Mr. Leahy: Does the Mayo Clinic advertise?

Dr. Cabot: You put me in an awkward position, sir. There have been times when I thought they had come pretty close to the line.

Mr. Leahy: The trouble with G.H.A. ... is that these men who headed it were economic theorists. You can't sell medical service as you sell baked beans... over a counter.

Dr. W. M. Sprigg (an officer of the Medical Society of the District of Columbia): Suppose you should be stricken with an epidemic and your funds... used up... Have you any reserve?

Mr. W. F. Penniman (ex-president of Group Health Association): There is no reserve. We probably would come to the medical society for some help.

(Testimony pertaining to a report that had been made to the D.C. medical society by its hospital committee chairman, Dr. J. O. Warfield, Jr.)

Mr. Kelleher (Special Assistant to the Attorney General): The first sentence of the second paragraph is stricken, and inserted in handwriting of defendant Warfield are certain words. I will first read the sentence as it was originally and then the sentence as changed by Dr. Warfield:

In an effort to hinder the operation of Group Health Association, Inc., in local private hospitals, the medical society adopted a resolution on Nov. 3, 1937...

The sentence as changed reads:

In an effort to maintain the high standards of practice in the local private hospitals, the medical society adopted a resolution on Nov. 3, 1937...

Mr. Leahy: Then he was your [the G.H.A.'s] only surgeon?

Mr. W. C. Kirkpatrick (G.H.A. president): Yes.

Q: You were hiring the only sur-

GOOD BILLHEADS ARE A VALUABLE ASSET

Some billheads seem to shriek "Hey! this is how much you owe me and it's a damn nuisance to remind you about it. Send the dough—quick!" If you feel that way about it you should collect cash and send no bills. Or, we can show you dozens of nice, dignified, inexpensive billheads that bring home the bacon. Free samples and all details.

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breaking a camel's back

A GOOD bout of acute enteritis, a peptic ulcer under strict dietary management, a pregnancy—any of these may be the last straw that causes nutritional reserves to break down to deficiency levels.

With the average American diet dangerously within the "twilight zone" of Vitamin B Complex needs, decreased food intake, impaired intestinal absorption or increased metabolic demands often precipitate varying degrees of avitaminosis B.

As a measure of prophylaxis or therapeusis in these commonly encountered cases, White Laboratories present two new B Complex products which embody a substantial advance in potency and character.

White's Vitamin B Compound Liquid

Each cc. contains not less than:

Thiamine Hydrochloride (Vitamin B ₁ Hydrochloride)	2.5 mg. (2,500 micrograms)
Riboflavin	500 micrograms
Pyridoxine Hydrochloride (Vitamin B ₆ Hydrochloride)	150 micrograms
Pantothenic Acid	400 micrograms
Nicotinic Acid	10 mg. (10,000 micrograms)

White's Natural Vitamin B Complex Tablets

Made from Brewers' Yeast and Dried Extract of Corn Processed with *Clostridium botulinum*.

Each tablet contains not less than:

Thiamin (Vitamin B ₁)	150 micrograms
Riboflavin	170 micrograms
Pyridoxine (Vitamin B ₆)	25 micrograms
Pantothenic Acid	50 micrograms
Nicotinic Acid and other factors of the Vitamin B Complex natural to Brewers' Yeast.	

Ethically promoted. Not advertised to the laity. White Laboratories, Inc., Newark, N. J.

...IN URINARY INFLAMMATIONS

"Easy does it"

A SOUND urologic maxim says that "the therapeutic agent which irritates least, accomplishes most." Since urethritis and cystitis—whatever their etiology—are characterized by such an extreme hypersensitivity of the mucous membranes, physicians have long relied on Gonosan (Kava Santal "Riedel") for effective relief.

BLAND-ANALGESIC DIURETIC

Gonosan "Riedel" provides three-way assistance to the distressed mucosa:

- 1 Its demulcent and analgesic qualities induce local sedation and relief from urethral spasm;
- 2 By allaying inflammation, it reduces the purulent secretion; and
- 3 By its diuretic action, it dilutes the concentration of irritating urine, and provides copious lavage to the mucosa.

NON-TOXIC

Gonosan "Riedel" is *safe*. In combining the antispasmodic, astringent and sedative properties of Santal (80%), with the anesthetic and antiphlogistic action of Kava-Kava resins (20%), it affords high therapeutic efficacy, free from the toxic reactions of many newer preparations. Of particular importance, it is well tolerated over long periods.

Dosage: 2 capsules immediately after meals and before retiring.

INDICATIONS

Gonorrhea, Cystitis, Vesical Catarrh, Prostatitis, Epididymitis and Urethritis. Also helpful in Ureteritis, Pyuria, Pyelitis, Pyelonephritis, Nocturia, and Post-Instrumental Pain.

RIEDEL & CO., Inc., BROOKLYN, N. Y.

GONOSAN

geon, then, for five or six thousand people, weren't you?

A: Yes.

Q: And you don't know now what his qualifications were?

A: No, I don't...

Mr. Leahy: How long have you known Miss O'Connor?

Mr. J. R. Adams (Junior Administrative Assistant, W.P.A.): Since 1936.

Q: How long have you known Miss Davis?

A: Miss Davis and Miss O'Connor are the same person.

Mr. Leahy (in the course of a reference to the J.A.M.A.): It is a medical journal. It isn't a funny sheet.

Mr. Lewin: The said Bureau of Medical Economics has taken a leading part in carrying out defendant American Medical Association's policy of opposing, discouraging, and suppressing group medical practice on a risk-sharing, prepayment basis. The evidence shows that the head of that organization... was a doctor of medicine and also a doctor of economics... not practicing medicine but practicing birth control—not with human beings but with economic ideas... Later I will come to his statement which he made time and time again to the headquarters staff—which means the Doctor-Editor and Doctor-Manager, the Doctor-Lawyer, the Doctor-Economist, and the Doctor-Policeman.

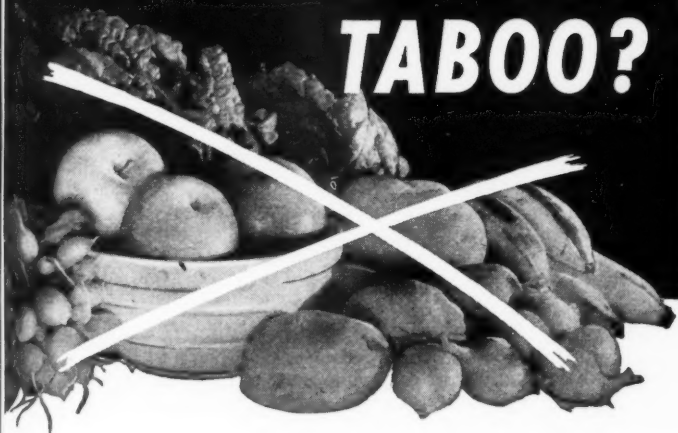
Miss Isabelle Kanjoush (nurse at Washington's Emergency Hospital): Dr. Gerber and Dr. Fry were... both residents at the time.

Mr. Leahy: Did you know them personally?

A: I knew them professionally, not personally.

Mr. Lewin: Do you mind telling us how old you were at the time of

HIGH-RESIDUE FOODS TABOO?



Especially when high-residue diets are contraindicated for constipated patients, some form of bulk should be supplied. Sal Hepatica plus water provides smooth *liquid bulk* to the intestines . . . a gentle but effective way of stimulating peristalsis.

Liquid Bulk (SAL HEPATICA PLUS WATER)
COMBATS COLONIC STASIS

Sal Hepatica helps to counteract excessive gastric acidity and acts as a cholagogue to stimulate the flow of bile. Sal Hepatica also makes an easy-to-take and refreshing drink. Trial supply and literature sent upon request.



Flushes the Intestinal Tract . . .

BRISTOL-MYERS COMPANY
19-11 West 50th Street • New York, N. Y.

this Tew incident?

Dr. T. J. Dugan Jr. (Assistant Resident in Surgery at Washington's Garfield Hospital): It happened in '38. This is '41. I am 31 tomorrow. So you can figure it out.

The Court: Let us stop this laughter. I want it stopped. If it doesn't, I am going to clear the courtroom.

Mr. Lewin: You wouldn't like to pass on whether an appendix was acute without a blood count, would you?

Dr. Dugan: I would love it.

Mr. Lewin: It says she had a fairly good night. That is the way the doctors talk, not the way the patient feels.

Mr. Leahy: Do you recall a resolution called the Mundt Resolution? [This measure, passed by the A.M.A. House of Delegates in 1934, provided that physicians on the staffs of hospitals approved for interne training should be limited to members in good standing of their local county medical societies.]

Dr. W. D. Cutter (secretary of the A.M.A. Council on Medical Education and Hospitals): Yes, sir; I do.

Q: Didn't you tell Dr. Parnall the purpose of the Mundt Resolution was to smoke out from the staffs certain men who were objectionable?

A: That letter went out from my office, but I didn't write it.

Q: Aren't those your initials?

A: Those are my initials, but a good many letters were written there that I didn't see.

Q: Who was it that wrote that letter, do you know?

A: Well, I can't say.

Q: But you were certainly given responsibility for it. Do you permit them to put your initials on it when you don't dictate the letter?

A: We did that regularly.

Q: You signed it, though, didn't you?

A: I am not sure of that. I may have.

Q: And if you signed it, no doubt you read it over?

A: Well, not always.

The Court: I am not going to sit here and take offensive remarks from counsel.

Mr. Lewin: I repeat that—

The Court: I repeat that when I make a ruling... it is not to be followed by offensive remarks to the Court. Now, Mr. Lewin, you have got to conform to that.

Mr. Lewin: I think, your Honor, that your reprimanding me is very unfair... I really do.

The Court: I am very sorry for it... But I cannot sit here and permit you to indulge in continual comments on my rulings after they are made. Are you through with the witness?

Mr. Lewin: Your Honor, with your ruling, I have to be.

Have you CHANGED your ADDRESS?

(5)

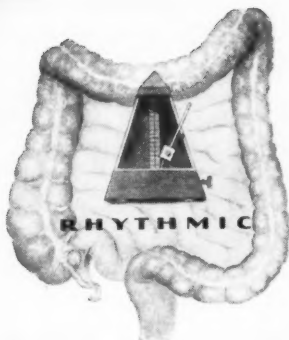
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Undoubtedly you have encountered innumerable patients whose intestinal activity was so exhausted by constant purgation that resumption of normal function seemed a remote possibility.

To bring relief to the constipated patient without harshly irritating the mucosa or impairing the tone of the intestinal musculature, prescribe the gentle, bland, "smoothage" action produced by

Metamucil-2



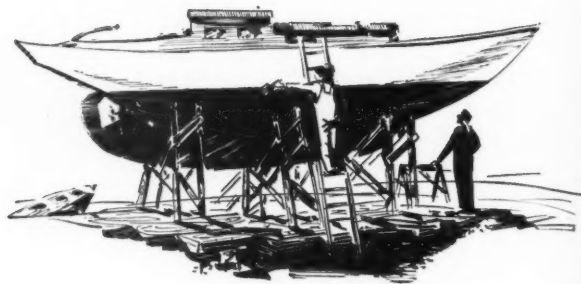
Taken with an adequate quantity of liquid, the smooth bulk produced by Metamucil-2 will encourage elimination in the manner intended by Nature—reflex peristalsis stimulated by bland lubricating bulk.

Unusually pleasant to take. Mixes instantly. May we send you a sample for clinical trial?

J.D. Searle & Co.

**Ethical Pharmaceuticals Since 1888
CHICAGO**

New York Kansas City San Francisco



WATER LEVEL

Where a saline hydrogogue is indicated, Phospho-Soda (Fleet) helps to accomplish positive action in the depletion of body fluids with a minimum of discomfort to your patient.

Combining in stable solution the two valuable U. S. P. drugs, Sodium Biphosphate and alkaline Sodium Phosphate, Phospho-Soda (Fleet) does not produce griping, tenesmus or weakening after effects. Its desirable buffer action is accompanied by extremely prompt and thorough, but very gentle, elimination.

Phospho-Soda (Fleet) has been recommended and prescribed by the medical profession for fifty years.

☛ So that you may acquaint yourself of its merits, we will gladly furnish samples on request.

PHOSPHO-SODA  FLEET

C. B. FLEET COMPANY, INC., Lynchburg, Virginia



Serenium

Bacteriostatic in pyogenic infections pyelonephritis, cystitis, prostatitis, urethritis

Serenium is a chemotherapeutic agent which has wide use in the treatment of urinary infections, particularly where pyogenic organisms are involved. It is a chemically distinctive azo dye.

Serenium owes its therapeutic action to its growth-restraining effect on bacteria. In recommended dosage it aids in checking the infectious process without irritation or toxicity. It may be employed in genito-urinary infections where for any reason the administration of sulfonamide compounds is not feasible and it may also be used advantageously between courses of mandelic acid therapy.

The usual dose is one 0.1-gram

tablet, three times daily, before meals. Serenium imparts an orange or reddish color to acid urine and is more effective where the urine is acid.

Try Serenium—At Our Expense

Clinical experience has shown that the use of Serenium frequently contributes to the alleviation of the distressing symptoms of genito-urinary infections. The patient is made more comfortable and it may help to shorten the duration of the infection. A request on your professional card or letterhead will bring you a generous trial package of Serenium Tablets. Mail the coupon—NOW!

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Manufacturing Chemists to the
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Professional Service Department,
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How to control Diarrhea with Wyeth's KAOMAGMA

At the onset...

administer two tablespoonfuls of
Kaomagma Plain, in a little water



and...

follow this with one tablespoonful of
Kaomagma Plain, after every bowel
movement . . .



then...

when stools become consolidated, one
tablespoonful of Kaomagma with Mineral
Oil 3 times daily may be indicated.



KAOMAGMA

- Coats and protects the irritated mucosa, acting as a mild astringent.
- Precipitates and coagulates bacterial suspensions.
- Adsorbs and renders innocuous toxic and irritant substances in the intestines.

Kaomagma Plain and Kaomagma with Mineral Oil are supplied in 12-oz. bottles.

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EDITORIAL

Solicitation of patients

The topic of this editorial was once as taboo as syphilis. But no more. Voluntary health insurance organizations—including several sponsored by organized medicine—now talk freely about the solicitation of patients, regarding it, apparently, as a new prerogative.

It is argued in defense of this that voluntary health insurance has failed to capture public attention. Ergo, patients must be solicited. This, to us, seems on a par with advising a young woman who wants a husband to try to attract one by bedding herself down with a few of the neighborhood eligibles.

So long as we have morals and medical ethics, we're obligated to conform with them. If our code of ethics needs amending, let's amend it. Meanwhile, it is up to organizations which sell or dispense medical service to observe the rules, just as individual practitioners do.

That the Principles of Ethics specifically prohibit soliciting is quite evident in Chapter III, Article I, Section 4, which reads:

"Solicitation of patients by physicians as individuals, or collectively in groups by whatsoever name these be called, or by institutions or organizations, whether by circulars or advertisements, or by personal communications, is unprofessional. . . . It is equally unprofessional to procure patients by indirection through solicitors or agents of any kind . . ."

In the light of this dictum, certain things that are now going on appear incongruous, to say the least. Typical of these is an enabling act proposed by one of the larger State medical societies. This actually suggests that 10 per cent of funds collected by a health insurance plan which the society proposes to set up shall be used for the solicitation of patients.

It is not difficult to imagine the radical claims and high-pressure methods that would be indulged in by less scrupulous members of the profession if our ethical code were changed to permit solicitation by all physicians without restraint. These same claims and methods will most certainly be employed by voluntary health insurance organizations if they begin to assume that they are in a class apart from independent practitioners and may solicit patients with impunity.

So far, the problem has not assumed large proportions. The number of voluntary health insurance plans is still relatively small. If they begin to mushroom, however, and if solicitation of patients becomes commonplace, the results will be chaotic—especially for the independent practitioner to whom the code of ethics still means something.

H. Sheridan Baker

They left their practices behind them

Case histories of some practice-protecting plans devised by M.D.'s called to army duty

⊛ An alarming array of bogeys rise up before the doctor suddenly called to active military or naval service. The biggest one asks, "Who can you find to take over your practice?" Another inquires, "Who will treat your patients with skill and understanding—and then willingly hand them back on your return?"

Still others tauntingly ask, "How will you collect your outstanding bills? Should you keep your office or give it up? What will you do with case records and equipment? How will you divide expenses and collections with your substitute? Have you a written contract?"

Fresh in many a practitioner's mind is the memory of '17 and '18, when scarcely anything was done to guard the interests of physicians serving in the armed forces. Medical societies, cognizant of this, are in several cases working earnestly toward a solution. As yet, though, no generally effective formula has appeared.

Meanwhile, to indicate how individual doctors are facing these questions, MEDICAL ECONOMICS here presents typical case histories of more than a dozen men now on active duty at one of the large army camps. These physicians reported

the details of their practice-protection arrangements in return for a pledge of anonymity.

Case A. This man, a general practitioner in a large Eastern city, decided to keep his office open. A close friend was willing to come in to his quarters and take over his patients. Before leaving, Dr. A managed to collect about 60 per cent of his outstanding accounts, and any further collections from these bills will also go to him. The substitute will pay all expenses and retain all income accruing from his own services.

Case B. A partial specialist in obstetrics and gynecology, this New York physician had a fifteen-room office. Unable to find a tenant for so large a place, he gave it up, stored his equipment at \$40 a month, and referred the majority of his cases to a colleague whom he selected on the basis of his ability alone. (The two don't particularly like each other.) In accordance with a ruling of his county society, Dr. B expects to receive 40 per cent of the gross income from his patients.

Accounts still unpaid after his departure are being handled by his secretary, who now is employed by

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another physician. To supply an incentive, Dr. B allows her to keep 10 per cent of whatever she collects. Nevertheless, he reports, collections have proved exceedingly slow, as if subject to the same conditions as prevail when a doctor dies.

Case C. This general practitioner from New York City closed his office and referred his patients to a friend. The latter is probably exempt from service because of a cardiac condition, and has had past experience doubling up for Dr. C during vacations. They have a verbal agreement assigning to the substitute both expenses and collections.

Case D. This Midwestern doctor, engaged in group practice, had been on salary. When he was ordered to active service, his group (a large one), hired a substitute and voted to continue Dr. D's full salary during his absence.

Case E. A general practitioner with a large percentage of obstetrical cases, Dr. E practiced in upstate New York. Before leaving he asked each of his patients to select another local physician, and then forwarded case records to the men chosen. He was able to collect less than half his outstanding accounts before departure, and his wife is remaining in the community to follow them up. He closed his office, but since it has a desirable location, he retains the space by continuing to pay rent.

Case F. Engaged in both private and group practice, this Northern ENT specialist had two offices. He keeps both of them open, having secured two substitutes from his group. He pays half the expenses and divides the gross income of each office, fifty-fifty, with each

substitute. Also, the group pays him half his previous salary. Dr. F managed to collect 80 per cent of his accounts before departure.

Case G. This Louisiana doctor simply shut up his office and left for camp. His practice, however, had been very nearly inactive.

Case H. A Southern physician in equal partnership with an older man, Dr. H evenly shared both expenses and income up to the day of departure. He was able to collect approximately 80 per cent of his outstanding bills. At present, his practice—plus all expenses and collections—has been taken over by the remaining physician.

Case I. This Wisconsin G.P. sent his entire practice to a friend in a near-by town. According to their verbal understanding, the friend will pay expenses and keep collections. Dr. I had been paying for a fluoroscope and a short-wave machine by installments; his friend proved willing to rent both for a sum equal to the monthly payments. Dr. I collected 60 per cent of his bills before going to camp.

Other cases. Several physicians reported that they had devised essentially the same kind of agreement, under which the departing doctor refers his full practice to another selected chiefly on the basis of friendship. A verbal agreement specified that the absentee was to receive a fixed percentage of the gross income from his patients. Percentages ranged from 40 per cent down, and averaged around 10 per cent.

Although not numerous enough to offer a representative poll, these case histories suggest some significant tendencies. One is that the chief criterion used to pick a sub-

[Continued on page 100]



What has pediatrics to offer?

*First of several articles evaluating the prospects
for doctors in important specialties today*

✪ "I want to get into pediatrics," a physician wrote us last year. "I like children, and the work attracts me. But there are some things I need to know before making the move.

"Is pediatrics overcrowded? What's the average income in the specialty? What about working hours, fees, equipment, and special training needed?"

Well-founded answers to these questions were, until a few months ago, virtually non-existent. Since then, however, the Survey of Medical Practice, conducted by MED-

CAL ECONOMICS, has yielded valuable statistical information. This, combined with the results of interviews among scores of pediatricians in typical U.S. communities and conferences with officials of such groups as the American Academy of Pediatrics and the American Board of Pediatrics, have made possible an intimate economic appraisal of the specialty.

Not unexpectedly, the pediatricians' world emerges as full of contradictory facts and cross-currents of opinion as might be found in any segment of society. Relative

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success is determined by the endlessly varied interplay of many economic factors. Hence, impartial analysis reveals no categorical answer to the man who asks: "Should I specialize in pediatrics?" He must draw his own conclusions from the evidence presented.

A YOUNG SPECIALTY

It was in 1860 that Dr. Abraham Jacobi occupied the first chair of pediatrics in this country, at New York Medical College. But for years medicine hesitated to accept the idea of a specialty centered on the care of children. As late as 1910 there were barely fifty full-time pediatricians in the United States. The golden era of the specialty began after 1910 and continued until 1929. Since then, expansion has been checked.

Today, pediatricians in the United States number about 2,500 full specialists and 2,000 partial specialists, according to Dr. Borden S. Needer, president of the American Board of Pediatrics. Of these, approximately 1,500 have been certified by the A.B.P. Requirements for certification include a one-year internship, two years' training in a children's hospital, and two more in specialized practice.

The specialty is served by two national organizations: the American Pediatric Society and the American Academy of Pediatrics. The former, with a membership of about 100 (largely research men and teachers) is the older of the two. The latter, with 1,339 members as of March 10, 1941, is the more influential. The academy coordinates the activities of State and county pediatric societies, promotes educational programs, and inter-

certification is a prerequisite for membership.

PROSPECTS DIMMING

The extent of present opportunities in pediatrics is a subject on which there is considerable disagreement. The specialty does not offer the promise of financial reward which it did twenty years ago; but this is true of many lines of endeavor. Debate centers, therefore, on the changing character of the field and its ability to support more or less pediatricians.

The following facts are offered in behalf of claims that relative opportunities are decreasing: (1) a





"Pediatrics is essentially the general practice of medicine applied to a limited age group. As such, it faces inevitable competition."

declining birth rate; (2) a declining morbidity rate among children; (3) an increasing number of physicians in the field; (4) a simplification of child feeding via prepared foods; (5) a steadily mounting volume of government health activities.

It is also contended that medical students generally now receive better pediatric instruction than ever before, that child care is being given in more and more private and county hospitals and that since the depression many obstetricians have been including care of the baby in the fee for delivery—sometimes for

as long as a year after birth. (So widespread has the latter custom become that the American Board of Obstetrics and Gynecology now insists on a minimum knowledge of infant feeding.)

On the other hand, support is found for the more optimistic view held by many pediatric leaders. These men admit that a safe limit to expansion may be reached in a very few years. But they deny that the field is now too crowded to support a fairly substantial number of newcomers. It is further argued that governmental health activities may benefit pediatrics by focusing more attention on preventive care for children.

ANNUAL INCOME

Earnings and professional expenses of pediatricians are shown in the table on page 44. One of several enlightening facts to be gleaned from the table is that expenditures for such things as drugs and equipment are lower among full specialists than among men who specialize only partially in the field. But rent, office salaries, and auto upkeep cost full specialists more.

Four out of five physicians interviewed made it a point to emphasize the drastic cut in pediatric incomes which came after 1929. The prevailing sentiment among men established for fifteen years or more is mirrored by the remark of an Easterner whose present income is about half the \$20,000 he earned before the crash:

"Many full-time men who formerly commanded large fees have been forced back into partial specialization by hard times. It is no longer possible for a young man to enter the field with the assurance of quick rewards."

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QUALIFICATIONS NEEDED

Experienced pediatricians say that a beginner should have the medical background of a good internist, combined with a sincere liking for children and a knack of securing their confidence. Also desirable is a special understanding of problems connected with nervous instability and growth. A sound working knowledge of endocrinology, dietetics, and the common respiratory and contagious diseases is of course essential. In addition, it is pointed out, a real talent for diagnosis is indispensable in working with children, since they are often of scant help in locating pathological conditions.

TRAINING: TIME AND COST

A high-school graduate aiming at pediatrics today faces the prospect of spending about twelve years and \$18,000 to secure training as a full specialist. Furthermore, once in practice, he must continue to devote time to study of new techniques. Opinion on this point is typified by the following remark:

"You have to go to school for the rest of your life just to stay informed on current developments. I spend two days a week studying, and it's none too much." President Veeder of the American Board of Pediatrics believes that men in the field can to good advantage spend several weeks a year in postgraduate study, preferably at a medical school hospital.

INVESTMENT

The amount of capital required to begin practice is often estimated at \$4,000—divided about equally between professional equipment and living expenses for the first year. The Survey of Medical Practice



"Until the pediatrician's role is more specifically delimited, he is likely to find himself operating in a slowly narrowing field."

bears out this figure in showing that 168 full-time pediatricians had an average of \$1,993 invested in professional equipment in 1939.

When a general practitioner branches out into part-time pediatrics the situation is a bit different. He already has so much equipment that he requires little else. This situation, too, is reflected by survey figures which disclose that 114 partially specializing pediatricians in 1939 had an average of \$2,356 invested in equipment.

GETTING STARTED

Should a beginner start as a G.P.

or as a specialist? And if he decides to begin as a G.P., should he elect complete or partial specialization?

Opinion on both these questions is sharply divided. The views of those who urge young men not to specialize at the beginning are voiced by a nationally known pediatrician who has asked that his name be withheld. It is his belief that the demand for full-time men is steadily increasing. He therefore advises medical students to begin as general practitioners, after which they can experiment part-time with several specialties. Only cautious experimentation, he argues, will enable a young doctor to find the field for which he (and circumstances) are best adapted.

Commonly expressed attitude of the full-time pediatrician who has seen his income slowly dropping is this: "The partial specialists are doing as much pediatrics as I am. Many of them are older men who built up large general practices

and then tacked on pediatrics. If I could do it over again, I'd follow their example."

The opposite viewpoint is backed up with the argument that the man who enters the field through general practice usually reduces his chances of becoming a full specialist and of obtaining certification. This is because, once engaged in general practice, he can rarely afford the time and money for the necessary amount of special training and study.

WHERE TO LOCATE

A majority of the pediatricians interviewed reported that cities of small to medium size are the best places in which to practice. The reasons given were that large cities are usually well supplied with specialists, while very small towns can seldom support them. The geographic radius of a pediatric practice, experience indicates, should not ordinarily exceed fifteen miles.

[Continued on page 92]

THE INCOME AND EXPENSES OF FULL-TIME AND PART-TIME PEDIATRICIANS IN 1939

(From the Survey of Medical Practice)

	Full Specialists	Number Reporting	Partial Specialists	Number Reporting	General Practitioners*	Number Reporting
Gross income	\$8,018	186	\$5,912	134	\$6,096	3,593
Professional expenses	2,962	173	2,441	110	2,477	3,334
Rent	710	161	533	103	482	2,820
Office salaries	855	129†	695	79†	568	2,088†
Auto upkeep	477	174	443	120	424	3,236
Drugs & supplies	387	162	497	111	582	3,091
Instruments & equipment	245	124	303	85	324	2,595
Net income	5,260	180	3,558	119	3,629	3,423

*Excluding partial specialists.

†Does not include physicians who paid no office salaries.

NOTE: Not all the items which constitute professional expenses are shown. Nor does gross income minus professional expenses exactly equal net income. The explanation undoubtedly is that physicians reporting overlooked minor, recurrent expenses.

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Doctor Bites Wolf!

For the young M.D.: Fourteen ways to augment income and to increase practice

❖ Bills, bills, and more bills! The young city doctor sits and stares at these during long intervals between patients. The wolf howls loudly outside the office door. Things are at a pretty pass.

How to mitigate this store of tribulation? Get out and bite the wolf!

In the job of building up a practice, the young physician can't allow his credit rating to fall into disrepute. And if a living is to be earned, there must be activity.

No two men bite a wolf in exactly the same way. But here are some fourteen methods which have proved effective in furnishing supplementary income, establishing a reputation, and bringing in new patients:

OUT-PATIENT STAFF

Most cities of any size maintain free-dispensary or out-patient clinic services for ambulatory charity cases. If these clinics are associated with medical schools, you will probably recall that the senior medical students examine a large proportion of the patients as part of their training. But practicing physicians must be available to supervise and to teach. During Summer months a greater number of patients come directly under the staff doctor's eye.

Directors of the various clinical subdivisions are generally well established men. Go to the head man of your division and apply for a staff position. Do this as early as possible, for you'll probably have to wait your turn.

LABORATORY WORK

Check over the list of doctors you know personally. Add the names of those in your office building and immediate neighborhood. Then pay each of them a friendly call and frankly discuss the possibility of your handling their routine urinalyses, blood counts, and other simple laboratory determinations. Some will have assistants who do this work. But others are likely to find your closeness a convenience.

Assuming that you already own a microscope (if you don't you can probably rent one from a surgical dealer), equipment and supplies for routine blood and urine should not amount to more than \$30. Ten or fifteen determinations will repay that, and you'll benefit further when it comes to doing your own work.

EMERGENCY CALLS

While making the rounds to inquire about laboratory work, see if you can't help some of the busier men with their emergencies or un-

pleasant night calls. Reiterate your willingness to do this work each time you see them. You'll be remembered, and eventually be rewarded.

MEDICAL EXCHANGE

A majority of cities now have medical-exchange telephone services. As is well known, they offer the doctor a central phone number where he may report his comings and goings, and where messages from patients are received and forwarded. Not infrequently, however, these exchanges get calls from persons who either have no family doctor or who want the nearest man.

The cost of joining is minimal. List yourself as available for new and emergency calls. Established physicians are generally too busy to answer these, and most of them are referred to younger men. Not every call of this kind will be remunerative, but some will be. And they do furnish valuable new contacts over a period of time.

ORIGINAL RESEARCH

If your medical training included experience in research work—especially in such fields as chemistry, physiology, bacteriology, and pharmacology—speak to the department heads at schools and teaching hospitals. Sponsors of research work generally lay their projects before these men and allow them to select the necessary personnel.

Find out what research problems are on their schedules, and ask for an assignment. Establishing an acquaintance with these men is important, so be as generous as you can with your free time. Naturally, you want remuneration, but it may be profitable to accept a "charity

case" to facilitate future entree into this field.

Besides the possibilities for financial assistance in this work, you will find added prestige among your colleagues by having your name brought into the medical literature.

LITERATURE RESEARCH

Attendance at hospital staff meetings and other medical gatherings will occasionally unearth opportunities to assist busy practitioners in the preparation of case-reports, speeches, and articles. Men who just don't have time to check the existing literature on a chosen topic will often allow their need for help to creep out during a conversation. That's the time for you to offer assistance. If you possess a ready knowledge of one or two foreign languages, you can make yourself invaluable.

TEACHING

Schools of nursing, pharmacy, and dentistry frequently engage doctors to teach basic science subjects. If you feel capable of instructing in chemistry, physiology, pharmacology, or bacteriology, approach the directors of these schools and enter your candidacy for a teaching post. This work won't keep you from your private practice, and the pay is good.

INDUSTRIAL PRACTICE

Many large business firms have a part-time staff doctor who treats injuries incurred by employees during working hours. Approach the managers of nearby large restaurants, factories, grocery chains, and similar enterprises and file an application. Where a company does not maintain this service, don't hesi-

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LIFE INSURANCE EXAMINER

Talk to the managers of various insurance groups, with a view to landing a position as a medical examiner. If you are a policyholder, or plan to become one, apply at the company you favor for the insurance. Conversation regarding your policy will provide a more friendly opening.

HOTEL DOCTOR

The larger hotels ordinarily employ a house doctor. Men who undertake this work seldom are required to live in the hotel, though bachelors often find it advantageous to do so.

Hotels generally set a certain fee for initial calls. Their clientele is transient, of course, and the physician collects his bill through the desk clerk. Once in a while major medical and surgical problems arise, and on such occasions the doctor follows his own fee schedule—and collects his own bill.

EMERGENCY HOSPITALS

Employment in emergency hospitals customarily must be applied for at the city health department. Obviously, in these hospitals, staffs must work in shifts. A night shift, for example, might run from 5 P.M. to 8 A.M., in which case the doctor sleeps at the hospital. There is no stipulation against your keeping up a private practice at the same time.

PUBLIC SCHOOLS

Many cities now require physical examinations of all pupils entering competitive sports. This work, added to contagious-disease im-

munizations, provides increasing full or part-time employment opportunities for many doctors. Inquire at the board of education or department of health. Learn what types of school affiliations are open to physicians, and how to go about securing an appointment.

CIVIL SERVICE

Some of the positions mentioned above may come under the municipal or State civil service. Other part-time positions (medical inspector, tuberculosis clinician, etc.) may also be secured via civil service. By all means investigate these opportunities. To keep tabs on examinations open to doctors, you may want to subscribe to one of the semi-official civil service bulletins or newspapers.

COLLEGE HEALTH EXAMS

Most colleges now engage physicians to do routine physicals on new students at the time of registration. Two or three days of this work is well paid, and is often worth the hours spent away from the office. Apply to the head of the physical education department, or to the resident health supervisor of the college.

There's the list. Run through the various suggestions again. You should be able to pick up at least one idea that will work in your case. The financial reward you'll receive will of course vary according to local opportunity and the type of work you select. But it should furnish a little desirable meat during the lean days. And you'll be able to look eye-to-eye not only with the wolf, but with the best of men.

Go to it!

—MARLOWE DITTEBRANDT, M.D.

The Admirable Ascetic

Dr. Frank H. Lahey

❖ Dr. Frank Howard Lahey, president-elect of the American Medical Association, is a quiet, intense Irishman who gets up at 6 every morning. This habit does not trace to any eccentric theory about the salubrity of early morning air. Nor is it entirely explained by the fact that he regularly operates from 7 to 1 for Boston's Lahey Clinic. Instead, it derives from two characteristics: a fixed asceticism, and an inflexible will to get more work done. These traits, plus a rare combination of surgical and administrative talents, explain Lahey's international renown as a surgeon, and his clinic's eminence among America's great medical centers.

Frank Lahey was born almost sixty-one years ago in Haverhill, Mass., then a town prospering on leather and textile manufactures. His family's fortunes were also prospering. Tom Lahey, his father, had done sufficiently well at building bridges to have time for a few experiments in State politics. A strong individualist, he determined to send his son through Harvard Medical School—no small gesture in those days of conflict between the Brahmins and the Irish.

Father made no mistake. A tight-lipped, reticent fellow with sandy

hair and an independent manner, young Lahey soon attracted notice for the rapidity with which he absorbed knowledge, and for a natural talent at diagnosis.

Last Winter at Boston's sedate St. Botolph Club some older physicians were talking over their college days. What student had shown the most promise in that beloved turtle-neck-sweater epoch?

"I remember only one marked man..." It was one of the city's leading specialists talking. "I met him when we were first-year men taking the anatomy course. How he ever got to know so much was a mystery to all of us. He had the instructors stopped repeatedly. Know who I'm talking about?"

Someone asked, "What year did you graduate?"

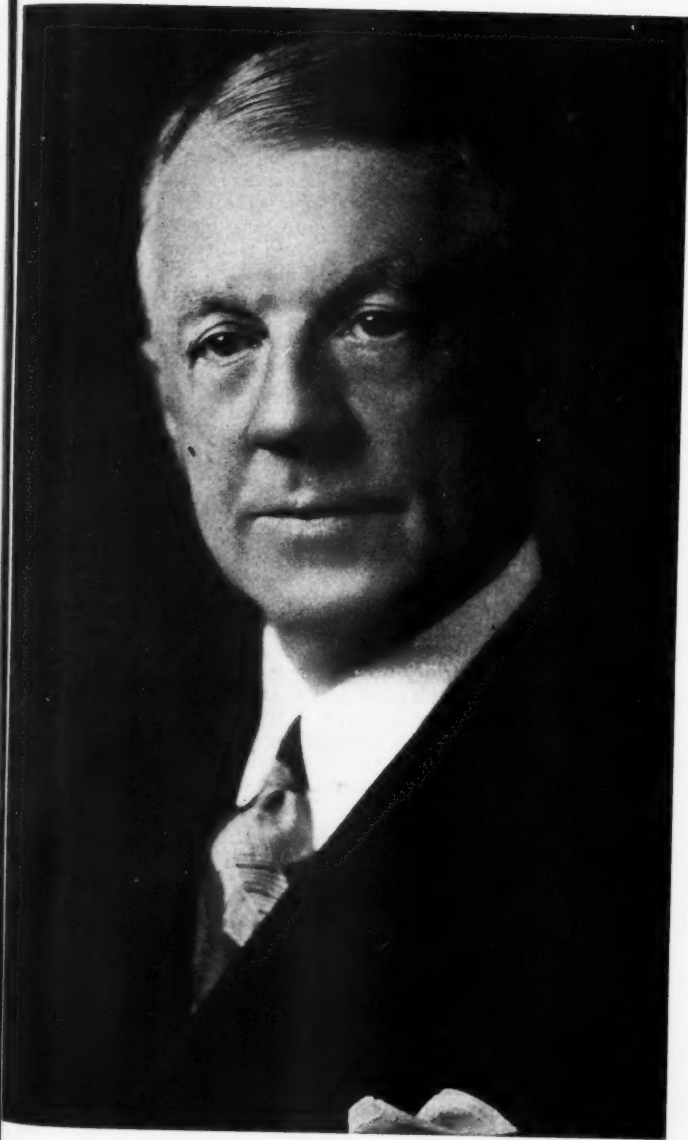
"In 1904..."

"Why, that's easy. It's Lahey."

During his training years Lahey continued the silent, hard-working young man, brilliant but unobtrusive. Interning at Long Island City Hospital and at Boston City Hospital, he was remembered for bold and successful operations not usually assigned to internes. Still recalled at the latter hospital is the time when he was performing a minor operation and discovered that his patient had a large, unsus-

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pected tumor. Lahey immediately did a major resection of the stomach. The patient made a normal recovery, and staff doctors observed that this young interne had uncommon skill.

In 1908 Lahey became resident surgeon at Boston's famed Haymarket Square Relief Station. This ancient lazaret (closed not long ago) filled a useful function as a kind of casualty clearing station for the city's tougher districts. The future A.M.A. president had plenty of experience patching up sailors and their ladies who had been roughed up in disputes with Scolay Square bully boys.

Several years later, after Lahey had married Alice C. Wilcox and while he was teaching at Harvard and Tufts, he was appointed to the staff of the Boston City Hospital. He was the first Irishman to make the grade in over twenty-five years, and thereby hangs a tale.

It seems that John F. "Honey Fitz" Fitzgerald, a colorful politico who was then mayor of Boston, fell to talking one day with a party man by the name of Tom Lahey, member of the State utilities commission. Honey Fitz learned of a son, a doctor of unusual promise. When a vacancy subsequently occurred on the city hospital's roster, young Lahey's name was put up. But prejudice then was still such that an Irishman, even though not a Catholic, was *persona non grata*. He was turned down.

Over Frank Lahey's protests, Honey Fitz, his dander up, swung into action. He instructed the city counsel to verify a mayor's appointive rights. Once sure of his ground, he forced the issue into the open and won easily.

When a MEDICAL ECONOMICS re-

porter interviewed ex-Mayor Fitzgerald recently, he proved to be still a highly vocal admirer of Frank Lahey. "I may have made a mistake or two in my time," he conceded, "but that appointment certainly wasn't one of them. If ever a man has vindicated faith in him, it has been Dr. Lahey."

In the first World War, Lahey served as director of surgery in one of the A.E.F.'s evacuation hospitals. Afterward he entered practice in Boston, and then started a private hospital. It was from this organization that the modern Lahey Clinic developed. In 1922 the clinic moved to its present location on Commonwealth Avenue, where it has been thrice enlarged.

The Twenties saw a steady growth in both size and reputation of the Lahey Clinic. It first became widely known, of course, for pioneering modern techniques in thyroid operations; but it has long since branched out into many special forms of surgery. The clinic is now headquarters for an elite corps of sixty-five physicians, and it maintains a correspondingly large staff of technicians, nurses, attendants, and clerical workers. No major surgery takes place at the clinic. Instead, operations are performed at either the New England Baptist or the Deaconess hospitals. Lahey is chief surgeon at both.

The doctor leads an almost monastically dedicated life. Operating regularly from 7 until 1, he then rests and lunches briefly, devotes the afternoon to staff consultations at the clinic, attends to a large correspondence (carefully sorted out beforehand), and has dinner. In the evening he may deliver a lecture; if not, chances are that he

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will spend a few hours studying at home or at the laboratory.

For about forty years Frank Lahey has devoted scant time to leisure pursuits. Dr. Frederick L. Good, a noted Boston obstetrician, mentioned this fact recently. "Work, I think, is Dr. Lahey's hobby. I've known him a long time, but I've never known him when he wasn't working."

He did admit to an extracurricular interest back in the Twenties, when he took to raising bird dogs, chiefly pointers. Once, his Junedale Allie won the Amateur Field Trials at Union Springs, Ala. But in recent years this interest has relaxed, and now there are but two pointers left in the kennels.

Dr. Lahey's devotion to medicine leaves him little time for even the minor social amenities. A prominent Boston public health expert who interned under Lahey for two years reports that he hardly ever found time to speak to him during that time. "The period I spent under Dr. Lahey's direction was the toughest in my medical life. I knew as little about him as a person when I left as when I started. But I certainly knew a whole of a lot more about medicine. I recall how he used to arrive at the hospital, always very early,



SPOON TRICK: It's not easy to pour liquids, without spilling, from a spoon into the mouth of a reclining patient. At least it's not easy if you pour from the forward part of the spoon's bowl, which is what most people naturally do.

But if you tip the spoon so that the liquid comes from the back of the bowl, close to the handle, you needn't spill a drop. Try it next time you have a chance.

in a big car with two hunting dogs beside him on the seat. He was by no means unfriendly, but work came first."

If he finds any free time during the Summer months, Dr. Lahey goes to Melvin Village, N.H., where he lives at the country club and plays a quietly disciplined game of golf. Even on vacations the ascetic theme runs strong; he neither drinks nor smokes, and regards relaxation chiefly as a device to restore vitality for further work. Though greying now, his wind is good and his color fresh. Staff colleagues are perennially surprised to see how the lines of fatigue disappear from his face with a few days' absence from his grueling routine.

Among his other talents, Frank Lahey includes a distinct financial astuteness. His income is tidy; local opinion has occasionally placed it as high as \$80,000 a year. Nevertheless, he has nothing but acid contempt for physicians who consider money to be more than incidental to their basic task. Not long ago, delivering the Steinmetz Lecture in Schenectady, N.Y., Lahey said: "Business deals with commodities, but medicine is never a commodity. No doctor thinks of it in such terms, if he is worthy of being called a doctor."

A frequent lecturer, Lahey is a great advocate of illustrating medical talks with slides and movies. At most, he uses a few short notes. His platform manner is easy but precise, brightened from time to time by a sharp Irish wit. Rarely does he indulge in a witticism at the expense of anyone except himself. And listeners have noted that he apparently prefers to discuss his

[Continued on page 98]

G.P.'s on hospital staffs? Yes!

BY CHRISTOPHER WHITE

The following letter is from an executive officer of what may truthfully be called one of the country's trail-blazing county medical societies. For reasons of society policy, he writes under a pseudonym. His subject is one that has been discussed often in recent issues of MEDICAL ECONOMICS and has generated notable response from physicians.

★ TO THE EDITORS:

MEDICAL ECONOMICS is doing a great service to the public as well as to the medical profession by stimulating interest in the problem of recognition for the general practitioner.

Perhaps the most valuable immediate effect of this stimulus will be to revive interest in general practice as well as respect for its almost forgotten traditions and glory. Increasingly during recent months general practitioners have been willing to admit, even proudly to assert, that they are general practitioners and that they expect to remain such. This may not seem important, but it is; for recent years have witnessed among these men a growing sense of confusion and futility. So often have they heard it said that the family practitioner is an anachronism that they have almost come to believe it themselves. They have heard themselves re-

ferred to as mere agents for directing patients to indicated specialists; and at the same time they have noted the accelerating popularization of the general hospital without being able to find any place in that organization for the general practitioner.

Although it appears doubtful that medical care in the home and office will ever shrink to negligible proportions—much less disappear—there is nevertheless a distinct trend toward institutionalized practice. More and more, conditions which were formerly cared for at home are now being treated in hospitals because of the development of new drugs and new methods of therapy which must be administered under the careful supervision which is generally available only in a hospital.

I doubt that there can be any serious question about the competence of the general practitioner to handle most of these medical problems, as well as to render complete care in cases involving minor surgery or uncomplicated obstetrics. If the general practitioner's competence in these fields is questioned, it is reasonable to ask whether his alleged incompetence is not the result of his having been denied the privilege of continued practice in a hospital. To put it more directly, if the general practitioner is not competent in general practice, the

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cause for this condition may very well be the policy of the general hospital which has denied him sufficient opportunity to keep abreast of modern methods.

Accordingly, the key to the general practitioner's problem appears to be the general hospital. Some definite status must be given the general man in that institution.

At this point, we may well pose a fundamental question:

How is the average layman to select a physician when he needs medical care, and how is he to assure himself that the average general practitioner will be both competent in general conditions and scrupulously intelligent in referring him to a specialist if a specialist's care is indicated?

First difficulty confronting our average layman in his quest is that of finding a physician who frankly acknowledges that he is a general practitioner. And why is this true? Because, as a result of over-specialization, most patients have come to think that they must have a specialist even though in most cases they do not know what kind of a specialist they need.

After all, when most of his patients are demanding specialist care, the average doctor hardly dares to profess being a general practitioner. This unfortunate tendency has been aided and abetted by the hospital, which officially recognizes nowhere in its staff organization the existence of the general practitioner as a distinguishable entity.

The time is ripe for hospital organizations to consider giving the general practitioner a staff classification all his own. It is of utmost importance, quite naturally, that this reform be undertaken with

great care. The prerogatives, responsibilities, and obligations of the general practitioner in relation to each of the established specialty services in the hospital must be meticulously determined.

The American Medical Association has claimed repeatedly that more than four-fifths of existing illnesses can be treated satisfactorily by a general practitioner. The Association declared in a recent study that "the general practitioner should be given the opportunity to determine both when the services of a specialist are needed and which of the available specialists are best qualified to serve the patient."

This statement correctly implies that the general practitioner today is not commonly given this opportunity. A first step toward realizing the desired objective would be the formal recognition of the general practitioner in the hospital staff organization. I see no reason why patients could not be referred routinely to the general practitioner's service except where there is an obvious reason for assignment to one of the specialists' services. The general practitioner's service should be the central coordinating factor in the entire hospital organization.

There is much discussion these days in both medical and lay circles about the desirability of extending the principles of group practice. The object is to develop a system under which the general practitioner and the various specialists will be integrated into a single organization, eliminating some of the hit-or-miss characteristics of individual practice which compel the patient sometimes to go to several physicians before he locates either a general practitioner or the proper specialist for his

own particular condition.

The development of group practice must necessarily be a long drawn out process. It will probably never become universal. However, if the principle of group practice which tends to rationalize the relationship between various types of practitioners is a sound one, why should it not be applied immediately to hospital organizations? I believe it should.

To indicate how this might be done, I refer to an experiment being carried on at the Mount Carmel Mercy Hospital in Detroit:

According to Hospital Management magazine, when this 350-bed institution was opened in January 1939 it was recognized that the general practitioner should have a division of his own. Consequently, in the formation of the staff, four departments were organized: general surgery, general medicine, gynecology and obstetrics, and general practice. Each division elects a departmental head who serves as a representative on the executive committee. Physicians are classified according to their training, ability, and experience in the department in which they seek privileges.

In the department of general practice, physicians who have been in practice for at least ten years, and who have demonstrated that

they are well qualified, become seniors. These seniors are given the privilege of doing limited major surgery and limited major obstetrics. All seniors in this department must have done limited major surgery in recognized hospitals for a period of years.

A junior in this department is a man who has been in practice less than ten years. His training and ability do not meet the requirements for a senior, but his attendance at post-graduate clinics and scientific meetings, as well as his association with senior men, makes him a likely candidate.

"It is felt," says Dr. L. J. Gariepy, the hospital's chief of staff, "that all ethical doctors should be afforded a position on the hospital staff. The patient is far safer in the hands of a less experienced doctor in an approved hospital than in the hands of such a doctor in the home or in a non-recognized hospital." The doctor cites as an advantage of this recognition the fact that it enhances the dignity of general practice, thereby encouraging men to remain in this work a reasonable time before seeking a specialty.

"The general practice group at Mount Carmel Mercy Hospital have justified the innovation," says Dr. Gariepy. "Their surgery has been limited and selective; they have sought consultations whenever the going was difficult; special operative privileges were given to general practitioners when they met the requirements set down by the executive committee of the staff. In the past year their surgical work amounted to approximately 40 per cent of the surgery done in the hospital, a total of 2,704 major and minor cases. The mortality rate in work done by the general practi-



LUMINOUS SWITCH PLATES:

Wall plates for electric switches are now being made of a special plastic into which a luminous pigment has been molded. Idea, of course, is to obviate the necessity of fumbling in the dark for a switch. Single plates sell for about 30 cents; double plates, 60 cents.

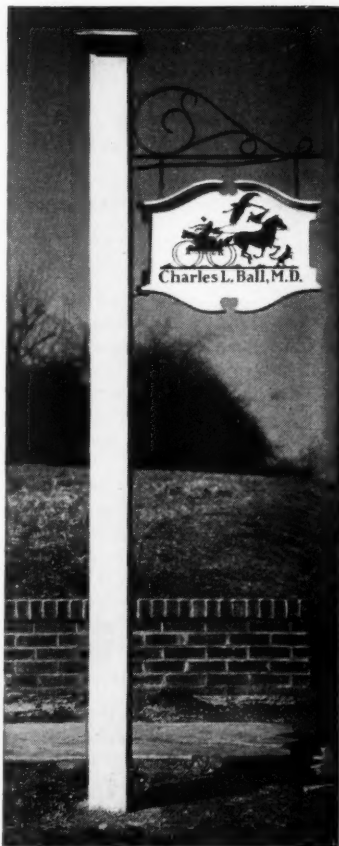
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tioner group was approximately 1 per cent. The sixty per cent of the surgery done by the surgical section showed a mortality of about 1.2 per cent. The difference in the mortality rate of the two divisions is accounted for by the difference in the cases operated upon. Thirty-nine per cent of all deaths were autopsied; 35 per cent of all medical cases in the hospital were sent in and cared for by the general practitioners."

Dr. Garipey credits the successful operation of this experiment to the fine spirit of cooperation among all the men and the able leadership of the division chiefs. The experiment does not mean, he says, that "any radical changes in the practice of medicine have been made. The general practitioner has done surgery and medicine in hospitals before this time (many hospital staff members are labeled surgeons when in reality through necessity their work is general practice), but he has never been recognized or placed in a specific division. He has been a welcome feeder for specialists but an unwelcome member of the staff. The general practitioner should have a voice in the management of the hospital where he works."

This experiment will bear watching and amply merits emulation elsewhere.

Recognition for the general practitioner, integration of his service with that of the specialist, and the establishment of a definite place for him in the hospital will do much to avoid unnecessary costs in delivering adequate medical care to the public. As such it should go far toward reviving the confidence of the public in private medicine.



Home-made sign

This shingle is noteworthy on two counts: (1) It was made for the user by his father-in-law. (2) It bespeaks attractiveness and good taste at extremely modest cost. The silhouette on the sign shows a horse-and-buggy doctor in a race with the stork. Dr. Charles L. Ball, of Linthicum Heights, Md., is the owner.

Health talks build practice

Factory workers' health forum, featuring medical speakers, stimulates quest for care

★ This is the story of how a series of health talks to industrial workers became a fountainhead of goodwill for physicians in one Eastern community. It suggests that your nearest factory or industrial plant may afford a parallel opportunity worth looking into.

Case history of this experiment begins with a diagnosis made by the medical director of the Western Electric Company works in Kearny, N.J. Recognizing that health-consciousness among employees would benefit the company, the medical profession, and the individual workers, he called on the Speakers' Bu-

reau of the Essex County Medical Society and broached the idea for a series of health talks aimed at the average wage-earner.

The result was the establishment of a Noonday Health Forum, supported by the employees' own club and featuring addresses by medical speakers. The forum met once a month, and local physicians found surprisingly large audiences of workers at every session.

The speakers' bureau began by selecting a tentative list of subjects—e.g., "Protect Your Eyesight," "Pain in the Abdomen," "The Heart in Middle Age." One of these became the topic of the first lecture. The choice of succeeding programs was determined by the workers themselves.

This audience participation was obtained by providing mimeographed ballots suggesting future subjects and urging employees to jot down whatever health questions they most wanted to hear discussed. These ballots were deposited, fol-

Western Electric workers choose by ballot the health topics they want speakers to discuss.



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Following each lunch-hour meeting, in a cask labelled: "A Barrel of Information is Yours for the Asking." A committee of the employees' club summarized the results and notified the medical society of the choice. Local medical authorities on the requested topics were then selected as speakers.

The date and subject of each meeting were given advance publicity by posters on departmental bulletin boards throughout the plant, and by conspicuous advertisements in the company's house organ. The employees further promoted the forum by encouraging attendance in special announcements made at club meetings.

Each guest speaker was greeted at the gate to the plant, and was taken to lunch with executives of the company. He was then introduced to his audience, talked for twenty minutes, and lastly answered queries for a ten-minute period.

Thus, with a minimum of red tape and complicated machinery, a successful public relations project was set in motion for the Essex County profession. The same basic formula will work as well for any organized group of physicians. Personnel managers, plant surgeons, and public relations directors of nearby large factories and corporations will learn with interest of the availability of this service. The sponsoring medical group can arrange for one doctor in each specialty to prepare a twenty-minute address (about 2,000 to 2,500 words) on the aspects of his subject most likely to hit home with lay audiences. Prepared talks are available to county medical societies from the Bureau of Health Education of the American Medical Association. Excellent source

material may also be found in the package library of the A.M.A., in the loan collection maintained by Hygeia magazine, and in the many health books published for laymen.

Choice of subjects, their content, and style of presentation deserve careful study before a series of lectures is begun. Stenographers and file clerks in the company office, for example, would be more interested in "Sunburn and Your Complexion" or "Diet and Weight," than in "The Heart in Middle Age." The latter topic, however, would be entirely appropriate for a group of plant executives, foremen, or a Twenty-Years-of-Service club. To the employees of a meat-packing establishment, a talk entitled "Vegetarianism Exposed" or one on "Trichinosis" would be more apropos than a subject such as "Spring Cleaning and Child Health." Discussions of "First Aid" or "Accident Prevention" are good choices for any factory, but they have to be dramatized to avoid that overfamiliar air. Of course, topics like "That Common Cold" or "Save Your Eyesight!" are broad enough to interest any group.*

With industrial activity booming—and bearing in mind the current emphasis on health preparedness—medical groups are sure to find a widening opportunity for service in programs of health talks to workers. Reward for their efforts will be told in terms of increasing good-will towards the profession, and a growing quest for private medical care.

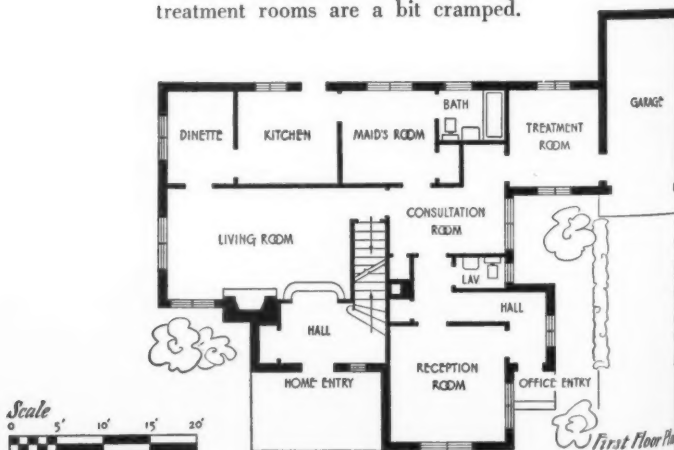
—HENRY A. DAVIDSON, M.D.

*For a fuller discussion of how to plan successful public addresses, consult MEDICAL ECONOMICS' current series of articles, "Public Speaking for Physicians."



A HOME-OFFICE FOR GENERAL PRACTICE

★ Here's a thoughtfully planned home-office, incorporating many of the advantages identified with quarters of this type. Note the direct connection between professional rooms and garage, permitting quick, weather-protected entries and departures. Note also the integration of office and residential space. If the owner wishes to retire or sell, the office rooms are readily convertible to domestic purposes. This \$12,000 brick veneer structure was built for Dr. S. Howard Zoll, Newburyport, Mass. Possible defect: consultation and treatment rooms are a bit cramped.



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For and against home-offices

*G.P.'s prefer them; specialists don't.
A summary of their merits and demerits.*

"Be it ever so humble, there's no place like a home-office."

We may imagine these words as coming from radio's Dr. Christian, as he calmly delivers trip-lets with one hand and adjusts wrecked love affairs with the other. But the good doctor's remark would not go unchallenged among his real-life colleagues.

That, at least, is the conclusion reached by MEDICAL ECONOMICS after interviewing a diversified group of physicians in several communities. The merits and demerits of common office types were thoroughly explored in these interviews. The results:

First of all, there's confirmation for the idea that specialists usually prefer quarters in professional buildings, while G.P.'s tend toward home-office arrangements. Several

explanations are advanced, among them an impression that referrals are more frequent in a professional building; the belief that a family-doctor relationship flows most naturally in a home-office; and a feeling that one is more friendly, the other more businesslike.

Geography, of course, is an important factor. Even if he wants to, a man practicing in Silo Center usually can't set up shop in a towering medical arts building. Nor can the urban dweller always secure a suitable location for a home-office.

Below is a synthesis of the advantages and disadvantages put forward for home-offices. In an early issue, MEDICAL ECONOMICS plans to publish a supplementary report on the pros and cons of other office types.

Convenience for Patients

PRO: As a rule patients find a home-office easier to visit. It's apt to be nearer their homes than a downtown office building. There's less likelihood of congested traffic and parking problems. Then, too, a home-office is usually near street level, whereas access to some office building suites requires climbing a flight or two of stairs.

CON: Certain patients are disturbed by the domestic overtones of a home-office. Cooking odors, the half-muted sound of a radio, children's voices—such things may at times make patients feel they are intruding. The mere idea of informality in a medical office will annoy some.

[Turn the page]

Convenience for the Physician

PRO: With a home-office, a doctor needn't waste time shuttling to and from remote professional quarters. Any slack interval during hours can be devoted to leisure enjoyments, reading, gardening, hobbying, etc. Office calls in the evening do not necessarily rule out bridge games or similar social activity. And a home-office usually provides greater scope for alterations than does an office building suite, where redecorating is sometimes hard to secure once the lease has been signed.

CON: It's frequently impossible to adhere to fixed hours in a home-office. Patients come in whenever they see the doctor's car outside, and he usually feels obliged to receive them. The arrangement also places more constraint on his family—sometimes his children don't have the chance to enjoy a normally noisy, gregarious home life. And some practitioners feel that a home-office, lacking the formal air and prestige of a professional building, brings a lower percentage of collections.

Economy of Operation

PRO: It's widely reported that a home-office is among the most economical arrangements possible. There is first the saving inherent in combining home and professional quarters under the same roof. There is in addition the economy of avoiding high downtown rents. And, finally, there's the saving in time and trouble as well as money, of not having to commute several times a day.

CON: Heating, cleaning, repairs, and redecorating are out-of-pocket expenses for the doctor with a home-office, whereas these services are usually supplied in a professional building. Sometimes an office suite can be shared with other physicians, thereby sharply reducing the cost differential. And a home-office usually requires a larger, more expensive building than would otherwise be needed.

Opportunity for Increased Practice

PRO: A home-office generally draws numerous patients from the surrounding residential area. It encourages evening and walk-in patients. It is more likely to receive emergency calls than is one office out of many in a professional building. Being less austere than the usual office-building arrangement, it's ordinarily better adapted to the formation of a neighborhood family-doctor relationship.

CON: Nevertheless, a home-office is not always pleasing to patients who seek a feeling of anonymity. V.D. patients—among others—often prefer the impersonal atmosphere of a large building. Other factors being equal, a specialist in a home-office is perhaps less likely to receive referrals than a man located in the center of town. And when referrals do come, a home-office is not as centrally placed.

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M.D.'s blast army methods

Commissioning of physicians and deferment of internes are issues at stake

Charge and counter-charge split the air in Washington last month as medical and hospital groups continued their verbal *blitzkrieg* against U.S. Army and Selective Service methods of inducing physicians into military service.

Still in dispute were statements aired in testimony before the Senate Military Affairs Committee, that:

1. Scores of physicians are serving as privates in army camps.

2. Drafting of internes and residents threatens to cripple hospitals from coast to coast.

Focal point of the heated debate was Senator Murray's proposed amendment to the draft law. The Murray bill (S.783) would grant blanket deferment to medical students, internes, hospital residents, and teachers in medical schools; specifies that members of these groups now holding reserve corps commissions shall be called only in time of actual war; and requires that upon induction, all qualified physicians be immediately commissioned in the medical corps.

At this writing, the bill has not yet come to a vote. Evidence gathered by MEDICAL ECONOMICS points to its ultimate defeat—despite a powerful lobby in its favor, including support from every important medical organization in the country.

Professional opinion, as expressed in Senate hearings, holds that present methods of induction, together with expected acceleration in army demands for medical personnel, will duplicate the chaos which developed in medical and hospital ranks during the first World War. In that conflict, it is pointed out, President Wilson adopted the same regulations as are proposed in S.783, but only after indiscriminate drafting of 40,000 physicians had produced great suffering in the flu epidemic of 1918. Backers of the Murray amendment also emphasize that, at the present time, Great Britain and Canada grant absolute deferment to all medical students and internes.

Opposition from army and Selective Service officials explains why even supporters of S.783 are skeptical of its chances for passage. The War Department says only a handful of physicians are serving as privates and denies knowing of any serious dislocation of hospital services. Behind its official stand against the Murray bill, however, the army is understood to be working out a compromise to head off further professional outbursts.

Essence of this compromise is recognition of the fact that physi-

cians drafted in any other than a professional capacity is an unwarranted waste of human resources. On this point, Selective Service officials declare, "the army, Selective Service, and the medical profession are in complete agreement."

To implement this agreement, MEDICAL ECONOMICS learned, the War Department has sent memorandums to all army corps area commanders stating that induction of a qualified physician as a private must not prejudice his right to apply for a reserve corps commission, and that such application will be honored. It is emphasized, however, that under any procedure appointments to officer rank ordinarily require two months or more. So that doctors who receive commissions *after* induction must serve one year as officers in addition to time served as trainees.

As to medical students, internes, and residents, the compromise understanding will most likely come in the form of instructions to local draft boards. The boards will be told to favor deferment pleas of medical men "who are engaged in work vital to the community." In cases where the board does not grant such deferment, appeals from the physicians affected would probably be upheld. It is generally believed that deferment for medical students, at least, will be established beyond question before the present school year ends.

Meanwhile, investigations conducted by MEDICAL ECONOMICS indicate that no definite figure can be set regarding the number of qualified M.D.'s now serving without commissions. The War Department admits only that "there are a number of men with medical degrees training as privates." The de-

partment explains that properly qualified physicians have in some cases failed to apply for commissions; and that other doctors now on duty are ineligible for appointment as medical officers because they do not have the educational and professional qualifications. Graduates of "unapproved" medical schools, for example, may not be commissioned in the medical corps. The army further points out that a check of 25,000 Selective Service cards revealed "only a few" draftees had registered as doctors.

Professional observers reply that 25,000 is a small sample, and that a full count might reveal a significantly large number of physician-trainees. Furthermore, the Interne Council of America alleges that "at least ten qualified physicians are serving as privates in the vicinity of New York alone." The council purports to know of other scattered cases, and states that some doctors who hold commissions are serving as privates while they wait to be ordered to active duty in the medical corps.

Just how badly hospitals are suffering from the loss of internes and residents is a further point of disagreement between the army and various hospital and interne groups. Preliminary reports of a survey conducted by the Interne Council, based on letters from 180 superintendents of approved hospitals, are said to indicate that "serious effects are already being felt."

"As examples of what has happened," the council declares, "the University Hospital of Ann Arbor, Michigan, has had fifteen of its thirty-five house-staff men called into military service, and the staff of a large Midwest city hospital

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has been cut from ninety to thirty-eight by army demands."

The situation is felt to be doubly serious because, as revealed in a recent A.M.A. survey, some 600 approved internships could not be filled during the past year, and the number would increase to 800 next year even if no internes or residents were drafted, due to a smaller group of medical school graduates.

In a statement to this magazine, the War Department outlined its viewpoint on deferments as follows:

"The selective service law does not protect any class of individuals... however, if internes apply for reserve commissions and are accepted, the War Department will not call them into active duty until they have completed a year's internship. Resident physicians who hold reserve commissions are liable to call at any time. The Surgeon General, after due consideration and after conferences with repre-

sentatives of the American Medical Association and medical educators, decided that hospitals could so readjust their services that resident physicians would be available for active duty at any time. In fact, some hospital superintendents stated they could get along with very few or no residents."

Back of this continuing debate, the future outlook is clouded by the exigencies of national defense. Probability is that all qualified physicians called to military duty will receive commissions. But a stormy history is predictable for the problem of which men to take and which to defer as "vital to their communities." The reason, as an official of the U.S. Public Health Service points out, is simply this: The army requires so many more physicians per thousand persons that, for every doctor called into service, an estimated five or six civilians are in effect deprived of medical service.

—PATRICK O'SHEEL

LOCATION TIPS

A free service to M.D.'s seeking places in which to practice

● An up-to-date list of towns in which physicians have recently died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not guarantee a vacancy for another. But a sufficient number of openings are created to merit investigation.

Only those communities are includ-

ed in the list which have less than 50,000 inhabitants and in which the ratio of doctors to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns. They thus constitute the most complete list available anywhere, due to the magazine's comprehensive circulation.

NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address them to MEDICAL ECONOMICS, Rutherford, New Jersey.

I'm in the army now!

BY LIEUT. TED F. LEIGH

This is the personal history of a doctor on active duty with the new U.S. Army. It is set down here just as Lieutenant Leigh recorded it in his note book. Last month's installment covered the period from Jan. 10, when the author was ordered to report for a physical exam, to Feb. 5, his first full day in camp.

FORT MCLELLAN, ALA., FEB. 6

⊛ Up with the bugle at 5:45 A.M.—as usual. The tent to which I have been assigned is freezing cold these mornings. But I haven't time before roll-call to build a fire in the little pot-bellied stove. So I just shiver while I dress—and thank my stars I'm not stationed up North.

Each officer lives by himself in a small wood-floor tent about ten feet square, which he fixes up as he pleases. Besides the stove, my purchases for the tent include a desk lamp, radio, coal scuttle, a cheap chest of drawers, and a lock for the door—plus a bit of carpentering. There are electric lights, but no water. We all bathe and shave in the same building.

My first two days here have taught me a lot about the 102nd Medical Regiment. Following the standard pattern, the *regiment* (about 1,000 men) is subdivided into three *battalions*. Each *battalion* is further divided into three *companies* (100 men each). There is in addition one headquarters and

service company, which handles administrative work, issues orders, and secures food and equipment for the entire regiment.

The three battalions are trained to fulfill three distinct functions.

One is composed of *collecting companies* which evacuate wounded soldiers from the field of combat and convey them by litter to "collecting stations" for brief examinations, emergency treatment, and classification according to injury. No operations are performed at collecting stations, because of their proximity (within 1,500 yards) to the firing line. The second battalion is made up of three *ambulance companies*, which transport the wounded from collecting stations to "clearing stations" back of the combat area. The third battalion consists of three hospital companies, which operate the clearing stations, where more adequate treatment is given, including operations. On the battlefield, three companies, one from each battalion, act together team-fashion.

The 102nd now has 892 men and 53 officers. Officers include 39 M.D.'s, 7 dentists, 1 veterinarian, and 6 administrative (non-professional) officers. We are fast building up to full wartime strength of 986 men and 72 officers. In command of the regiment is Colonel Lucius A. Salisbury, New York

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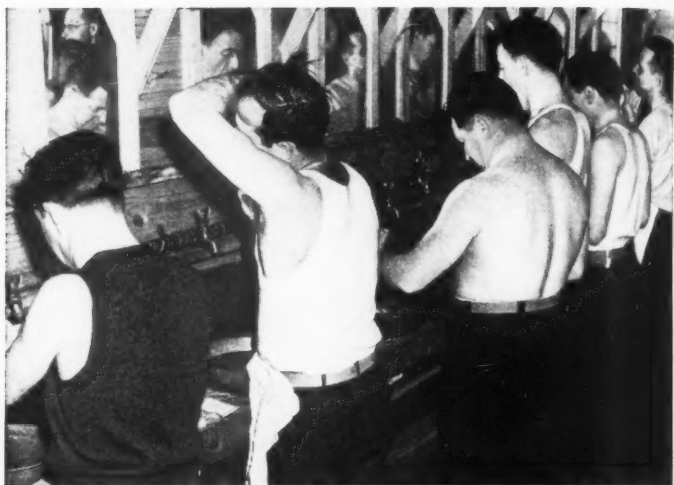
surgeon; the battalions are headed by majors; the companies, by captains; and the several platoons and squads of the companies by first lieutenants and sergeants.

FEBRUARY 7

A contingent of draftees comes in tomorrow. (We are urged to refer to them as "selectees" or "trainees"; some of our leading wits call them

Muddy footing at Fort McClellan, but physician-officers must carry on. So Lieut. Allen Jervey, M.C.R., adds heavy boots to his uniform. Medical pouches, canteen, dull green helmet are regulation for field work.

"handcuffed volunteers.") Company mess has to be stocked, tents equipped, and records set up for



Army custom dictates that no officer shall come on duty unshaven. The regimen of lather begins in a common washhouse following the 5:45 A.M. bugle.

them. One of my jobs as junior officer of the company is to act as mess officer, in charge of a mess sergeant and several cooks and waiters. There's a lot of bookwork to keeping a mess for a hundred men. It'll take me some time to get the hang of it.

This afternoon we had drill practice for the dress parade scheduled for Sunday. Drilling is brand new to me, and I never fancied I'd have to learn how. I march to the rear of the company—luckily—and pick up the idea from the men in front.

I'm trying to study a little every night, to keep abreast of things medical. That is, in addition to all I must learn about military medicine. On the latter specialty, a thick book called the "Military Medical Manual"* is best.

The fire in my stove has gone out, and the temperature outside (meaning on the other side of my screen door—there are no wooden doors) is around thirty degrees.

FEBRUARY 8

This morning I was detailed with three other lieutenants to meet a trainload of draftees from the North. We gave each of them a quick going-over for sore throat, skin rash, and urethral discharge. Our inspections revealed an amazing number of tonsils; close to 50 per cent still have theirs.

*For a selected list of official and semi-official books and periodicals recommended to prospective army doctors, see "Guidebooks for New Officers," by Lieut. Col. Edgar E. Hume, M.C., Feb. (1941) MEDICAL ECONOMICS.

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Contagious diseases and gonorrhea are the soldiers' chief bugaboos. One case of chicken-pox was taken directly off the train and sent to the base hospital. The fifty boys who shared that Pullman car will have to be isolated in special tents.

One of the regiment's doctors was sent North to act as medical officer on the trip down. That's a prized assignment.

Many of the trainees are being added to our regiment. Among them are two dentists and a doctor. I thought all physicians and dentists caught in the draft would be commissioned right away, but that is far from true. The doctor, not being a graduate of a Class A school, is ineligible for appointment to the medical corps, and

probably won't get a commission at all. The dentists are eligible, but must take basic training like any private for at least thirteen weeks, and it may be six months or more before they become lieutenants. This point I got straight from the major.†

I'm glad I had a reserve commission.

The commanding officers try to allocate draftees to the jobs they are best suited for. Thus, a cook was promptly assigned to kitchen duties; a carpenter is kept busy with building jobs; an ex-stenographer will be detailed to headquarters. All this is in addition to

†See p. 61 for a report on present army methods of inducting and commissioning doctors.



Lieut. Joseph Ferkany, M.C.R., of Pittsburgh, arrives at camp to find his new home is a barren wood frame tent. First thing he did was to buy a stove.

the regular course of basic training and instruction.

FEBRUARY 9

Sunday—my first day off.

Anniston, Ala., six miles from the fort, was my home town for twelve years, and my parents still live there. I spend a good deal of my free time at their home, where I have a darkroom that enables me to keep up my photography.[§]

Most of the married physician-officers have their families here with them. Off duty, they play golf, bridge, go to the movies, or weekend in Birmingham. The bachelors lead a somewhat gayer round.

While in town this morning, I was ordered to report back at camp to meet another trainload of 500 recruits. And the parade we were all set for was cancelled at the last minute.

FEBRUARY 10

First day of training for our new draftees. There are a hundred of them, but four are in the hospital with flu contracted on the trip South.

Our primary tasks are to toughen them up and teach them to drill. So, beginning at 7:45 A.M., we hiked for two hours over hill and dale. Then to the parade ground for instruction in the simpler drill commands, such as "fall in," "right face," "left face," and "at ease." The sergeants handle most of this work. Two recruits fainted while drilling. One was pulseless and cyanotic for five minutes, but responded to some spirits of ammonia and was sent to the infirm-

ary. After drill, all hands attended a lecture on the proper method of saluting.

The draftees in our company are a swell bunch. Most are classified as "skilled" or "semi-skilled." The doctor and the two dentists who are serving as privates have already asked about getting their commissions. We broke the news to them as easily as we could.

The doctors in the regiment's three hospital companies take care of sick call, and this morning had over a hundred cases at the infirmary. This number—about 10 per cent of the regiment—is pretty high. Most complaints were minor—colds, coughs, sore throats, blisters.

FEBRUARY 11

We're having night classes twice weekly. Conducted by the regiment's commanding officer, they will be devoted to instruction in drilling, regimental organization, and the like. Demonstrations and lectures on various military specialties will be given by men from other regiments of the division. Sergeants teach draftees to drill, pitch tents, handle other equipment. We doctors give lectures on medical subjects, but we're by no means excused from learning all about drill commands and other aspects of ordinary soldiering. We have to lead our companies in parades, marches, war games. We have to "know how."

FEBRUARY 12

This morning I had to give every man in our company another short physical exam for contagious disease. Findings: negative. Then another toughening-up hike, drill.

[Continued on page 88]

[§]Photographs by Lieutenant Leigh have frequently appeared on the covers and inside pages of MEDICAL ECONOMICS, in The New York Times, and in many other publications.

How many patients a day?

The average physician sees fifteen patients a day. How the number varies by circumstances is

shown below. Figures are from the Survey of Medical Practice in which 7,707 M.D.'s cooperated.

**TABLE 1J.—AVERAGE NUMBER OF PATIENTS
SEEN DAILY BY PHYSICIANS**

According to the doctor's approximate gross income

\$2,500.....	7
3,000.....	8
3,500.....	10
4,000.....	11
4,500.....	11
5,000.....	13
5,500.....	13
6,000.....	14
6,500.....	14
7,000.....	15
7,500.....	16
8,000.....	17
8,500.....	18
9,000.....	17
9,500.....	18
10,000.....	19
10,500.....	19
11,000.....	20
11,500.....	22
12,000.....	21
12,500.....	23
13,000-13,500 }	22
14,000-15,500 }	23
16,000-17,500 }	26
18,000-20,000 }	27

According to the doctor's number of years in practice

Up to 2 years.....	10
3-7 years.....	14
8-12 years.....	17
13-17 years.....	17
18-22 years.....	16
23-32 years.....	15
33-42 years.....	13
43 years or more.....	11

According to size of town

Less than 1,000.....	12
1,000-9,999.....	16
10,000-99,999.....	17
100,000-999,999.....	14
1,000,000 and over.....	11

According to type of practice

Full specialists.....	15
Partial specialists.....	16
General practitioners....	14
(Excluding partial specialists)	
All physicians.....	15

NOTE: The divisions of this table are based on the following numbers of reports from physicians, covering the year 1939: (1) 6,310; (2) 7,148; (3) 7,094; (4) 7,239.



Good morning, Nurse!

BY MARTIN O. GANNETT, M.D.

❖ From the arm-chair Hippocrates:
 "There is no gainsaying the superiority of breast milk over the best formula devised by man. But against it is the risk to the nursing infant of conjunctivitis from Mama's cigarette ashes."

* * *

Marc Aspen's admission diagnosis of hysteria was retained during his two weeks' stay in the ward. Nothing in the course of his work-up tended to modify it. It was the diagnosis he died with yesterday.

The embarrassment of the affair has been brought to sharp focus now that the autopsy, too, has revealed nothing to change the diagnosis.

The death certificate has yet to be filled out.

* * *

The psychosomatic relationship in a disease like Raynaud's has, of

course, long been recognized. Take Miss Kilcoe's case:

During the latter two years of her five years' engagement to John Daniels, the fourth finger of her left hand developed the classical cyclic changes of Raynaud's syndrome. The strange thing is that a wedding ring, in spite of its obvious constricting effects, has in four weeks brought about a complete cure.

* * *

The Martino scion, my most difficult feeding problem in many a year, decided two months ago to grow up after all. Since then he has flourished like a bear cub in a berry-patch.

Yesterday the Martinos brought him in for diphtheria immunization. Mrs. Martino kept glancing apprehensively in her husband's direction, then blurted out:

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"Doctor, my husband told me not to tell you, but he keeps doing it and I'm worried. Do you think a six-months-old baby ought to have spaghetti every night?"

Mr. Martino looked abashed, but I recalled that Lincoln, when informed of General Grant's weakness for liquor, asked the name of his brand so he could supply his other generals with it.

* * *

History from Mose Trellis, five foot five, 212 pounds:

"So Doc Miller, back in my home town, says to me, 'You want to get rid of your gastritis? Then get yourself a wife and start eating regular meals.' So I got married for him and in one year I put on ninety pounds. Now what am I supposed to do, get divorced?"

* * *

From the arm-chair Hippocrates:

"The difference between your internship and your private practice is that when you're a family doctor you'd rather have the patient survive without a diagnosis than die with one."

* * *

The story now being told about Dr. Z's surgical service is perhaps no less than that luminary deserves. It seems a newly-appointed interne asked his house surgeon about the post-mortem percentage attained on the service.

"Friend," replied the latter wearily, "on this service we don't bother with P.M.'s. Whatever diagnosis the Chief gives them is, by Heaven, the diagnosis they die with."

* * *

The penchant for ingestion, deeply rooted in us, occasionally works strange wonders. I passed Will Banti's bed some days ago and

stopped for a word. He had a Levine tube in him and the end of it, pasted to his cheek with adhesive tape, was tugging rhythmically at its moorings. Suddenly the tape gave way to the pull of a mighty peristaltic wave, and Will had just time to clamp his teeth on the tube before it disappeared down his gullet.

Yesterday still another case: A young matron, brought in with acute intestinal obstruction, was found to harbor a tongue-depressor at her ileocecal junction. The doctor who had wielded it could not be found.

* * *

Occupational hazards of doctoring begin apparently before you ever reach the blessed estate of M.D. And not all the risks of an operation are carried by the victim alone.

Right in the middle of circumcising a ten-day old citizen, I had to abandon my patient to attend to a medical student who'd been watching. At the first sight of blood, my gallery had swooned away and lacerated his chin on the floor.

The sutures intended for possible use on the youngster did very well for the innocent bystander.

* * *

A recent medical publication carries an offer of free recordings to doctors interested in learning how their voice sounds to others. This should relieve the concern of those colleagues who are eager to sound their very best when Mrs. Wimple calls up for the fourth time to ask, "Does the formula call for 24 ounces of milk? Or is it 24 ounces of Karo syrup?"

* * *

It may be that the near riot in ward 4d could have been prevented

by judicious study of the crystal ball. It is not good for a sick man to be chased nude down a corridor, screaming: "Help! They're after me!"

Vishny, the refugee from 4d, had been admitted a week before with carcinoma of the head of the pancreas. His deep maize hue had been the subject of awed comment by his neighbors. Two days afterward, Peters, in the next bed, developed acute catarrhal jaundice. The same evening Bowen, across the way, had an attack of acute gall-stone colic. When Simon on the fateful morning looked upon Bowen and found him jaundiced, the evidence seemed complete that Vishny had brought the yellow contagion upon them and that it was time to throw Jonah to the whale.

* * *

The talk of the staff-room was young Philip Gerritz, happy-go-lucky blood donor for years past, who was now himself in the hospital with leukemia. Was this, then, evidence that leukemia could be a reaction of the bone marrow to repeated depletion?

In the operating-room Philip smiles wanly as we prepare to transfuse him. "Say, Doctor, you won't make no mistake? I ain't a donor no more. This time, remember, I got some of it back."

* * *

Mac Burnett's cheek fistula, dating back to World War days, has not

weighed on him as a particularly onerous handicap. Blowing smoke through the fistula is a great applause-getter from the young admirers. And, for the boys at the bar, he likes to show off his lateral accuracy with tobacco juice. His only trouble is having to use his handkerchief at sight of pickles or sauerkraut.

* * *

The agitated elderly gentleman begins to unbosom himself even before he is well inside the door. Michael Callahan is his name, sir. His father died at 75, and so did his mother. Two uncles died at 75. And a week ago a first cousin also went to his reward—right on his seventy-fifth birthday. Since then he hasn't been able to sleep for worry, and I've got to help him. He's 71, going on 72, and he just knows he'll pass away as the others did, when he reaches 75.

Doctor, what can be done about it?

Complete examination reveals as the sole positive finding bilateral bunion. With only three years to remove The Curse of the Callahans, the prognosis seems uncertain indeed. . .

* * *

From the arm-chair Hippocrates:

"It's all right, Son, to do a complete job on a patient and investigate every possibility. But remember this:

"It's well to come to a conclusion before the patient does."

COOPER CREME

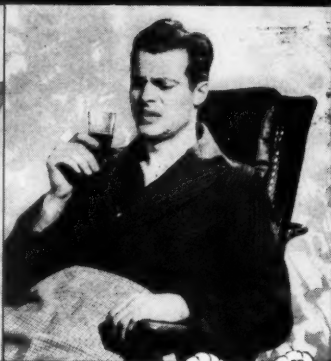
ONE SPERMICIDAL CREME GIVEN HIGHEST RATING BY THE PROFESSION
TESTED BY TIME PROVED BY EXPERIENCE

WHITTAKER LABORATORIES, INC.

250 WEST 57th STREET

NEW YORK, N. Y.

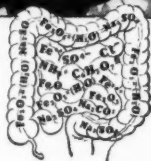
COLLOIDAL VS IONIZABLE IRON



In the CONVALESCENT INTESTINE

Colloidal Iron Protein
Non-Irritating, Readily
Absorbed

Iron Salt Precipitates
Dehydrating and Con-
stipating



In convalescence, the intestine plays an important role as an absorption center for nutriment, but it is characteristically subject to upsets. For these reasons, the intrinsic advantages of colloidal iron over ionizable iron in hematinic therapy are especially significant. Iron salts (sulphates, citrates, etc.) are ionized by the gastric juice. In the alkaline medium of the intestine they form precipitates which are not readily absorbed and are dehydrating and constipating. OVOFERRIN, on the other hand, is *colloidal iron-protein*. It is not in ionic form and is not broken up by the digestive juices. It re-

mains assimilable since nutritive material in colloidal form is readily absorbed from the intestine. As it is fully hydrated, it *cannot* cause dehydration and constipation. It contains no acid radicle to irritate. Such is the biochemical basis for OVOFERRIN's world-wide reputation as "the rapid blood-builder."

In addition, OVOFERRIN is odorless and tasteless, contains no sugar, does not irritate the stomach, and does not stain or dissolve tooth enamel. Prescribed in 11-oz. bottles—one tablespoonful in a wine glass of milk or water at meals and bedtime. Write for professional sample.

PRESCRIBE OVOFERRIN

COLLOIDAL IRON-PROTEIN BLOOD-BUILDER

In Secondary Anemia, Convalescence, Pregnancy,
"The Pale Child," and Run Down States

A. C. BARNES COMPANY

NEW BRUNSWICK, N. J.



ESKAY'S NEURO PHOSPHATES

Each adult dose, 2 fluid drams (2
teaspoonfuls), contains in acid state:

Alcohol 17 per cent

Strychnine glycerophosphate,
anhydrous $\frac{1}{4}$ grain

Sodium glycerophosphate 2 grains

Calcium glycerophosphate 2 grains

Phosphoric acid 1.5 minims



THIS FORMULA even on

paper, instantly appeals to the physician as a judicious combination of recognized tonic ingredients. But the product itself is far more than a formula on paper.

Its scrupulous compounding, delicate balance, and outstanding appearance and palatability combine to give Eskay's Neuro Phosphates an additional something — a something which has been clinically proved.

Doctors have been prescribing Eskay's Neuro Phosphates for more than 30 years. They prescribe it because it works.

TWO PALATABLE AND

SMITH, KLINE & FRENCH LABORATORIES

ESKAY'S THERANATES

Each adult dose, 2 fluid drams (2 teaspoonfuls), contains in acid state:
 Alcohol 17 per cent
 Strychnine glycerophosphate,
 anhydrous $\frac{1}{4}$ grain
 Sodium glycerophosphate 2 grains
 Calcium glycerophosphate 2 grains
 Phosphoric acid 1.5 minims

VITAMIN B₁ (thiamine
 hydrochloride) (.75 mg.) 250 I.U.



and THIS FORMULA answers

the insistent demand by physicians for a second tonic, embodying the clinically proved formula of Eskay's Neuro Phosphates, plus Vitamin B₁.

Eskay's Theranates is not intended to replace Eskay's Neuro Phosphates. It is, rather, particularly indicated where the physician suspects a B₁ deficiency.

An exceptionally large quantity of Vitamin B₁ has been added to Eskay's Theranates—the equivalent, in adult dosage, of 750 International Units daily.

DEFECTIVE TONICS

PHILADELPHIA, PENNSYLVANIA

Protein Influence in the Healing of Wounds and Fractures

IT HAS been noted that following traumatic injuries there is a marked increase in the loss of nitrogen. This proof of enhanced protein catabolism points to the importance of providing an abundance of protein food of high biological value. In fact, a high protein diet has been found to shorten or sometimes to eliminate the latent period in wound-healing.

In specifying foods with significant protein content for your patients, we suggest that you include Wheatena—a natural wheat hot cereal. Wheatena has nothing added to the whole grain and nothing is taken away except the glassy outer coating.

All 10 essential amino acids are found in Wheatena

New research carried on by a leading authority on proteins (both quantitative analyses and feeding tests) has shown that *Wheatena supplies all 10 of the essential amino acids*. They are present in biologically available form.

Wheatena and milk— a well-balanced protein

It is interesting to note that milk and Wheatena supplement each other. Though both foods supply complete protein, the relative proportions of the essential amino acids in each food are such that the combination of both gives a particularly well-balanced protein food. Moreover, Wheatena's carbohydrates exercise a protein-sparing action so that the protein intake can be



economically used for tissue-building.

Wheatena tastes delicious

Your patients will enjoy starting the day with bowls of steaming brown Wheatena. Its toasted wheat flavor and fragrance tempt the appetite. And Wheatena is economical—costs less than 1¢ a bowl.

2485 doctors recently answered this question: "Which cereal do you consider better from a nutritional standpoint—oats or wheat?"

"Wheat," said 68% of the doctors who replied. When asked to specify the *type* of wheat cereal, 74% said "brown wheat cereal."

**The Natural Wheat
Hot Cereal**



The medical broadcast matures

*Reporting several important new concepts of
the use of radio by the profession*

“Medical groups might well consider radio as a public relations medium, rather than as an educational medium. By this is meant to develop techniques which use emotional rather than rational processes to impress upon listeners the doctor’s place in their lives.”

In this quotation is embodied one of several important new principles discovered by the Medical Society of the State of New York during an intensive study of radio’s function in professional public relations.

This study was initiated in 1940 when the State society’s house of delegates instructed the public relations bureau to engage in radio activities. First step taken was an analysis of current medical broadcasts to determine their good and bad points as a background to developing a program of maximum interest to listeners.

“Doctors for Defense,” a new type radio program sponsored by the Medical Society of the State of New York, is now on the air every Wednesday night at 10 o’clock from Station WMCA, New York. Instead of being just another medical broadcast, this one is based on a new set of principles. The accompanying article tells what those principles are and how they were discovered.

The work of the bureau was infinitely thorough. According to its director, “We listened to a variety of programs, corresponded with leading authorities, conversed with educators and radio experts, and read practically everything written on the subject of education by radio.”

The society’s present program (“Doctors for Defense”) is the result. Its sponsors describe it not as an educational endeavor but as a straightforward public relations program.

“In our preliminary study,” the bureau states, “we made transcriptions of certain current weekly medical broadcasts. These were reviewed by a radio critic sympathetic to improving the use of radio by the medical profession.” The principal weaknesses of medical broadcasting, this critic found, are the following:

1. Content.
2. Voice.
3. Tempo.
4. Enunciation.

“Few physicians are trained for public speaking,” the critic stated. “Few physicians have, naturally, the necessary appreciation of vocal persuasiveness which all good public speakers have cultivated by training. Yet it is now proposed to convert doctors into salesmen of good-will and health—probably one of the most difficult feats with

which any group could be faced.

"If physicians are to be made the tools by which medical broadcasts are brought to the public, they must be trained or at least selected carefully for the purpose. Theirs will be a selling job."

Critiques of current medical broadcasts included some interesting observations. A talk on "Diseases of the Chest," for example, revealed three outstanding defects: (1) poor enunciation, (2) monotonous voice, (3) use of words and phrases not readily comprehensible to the layman (examples: "metabolic disturbance," "thrombosis," "adrenalin," "contiguous"). From this talk, the critic declared, "the public learns little and the doctors

learn less. It doesn't sell health; it sells dictionaries. It doesn't educate; it confuses and discourages."

Some explanation of the trouble, the critic felt, was to be found in Paul F. Lazarsfeld's "Radio and the Printed Page." Lazarsfeld says: "Upper class people try to enforce their educational standards over the radio, but lower class people do not accept them because such standards are not adjusted to their point of view." It is believed that what most medical programs need is (1) better organization of material, (2) more informal and skilled presentation, (3) simplification of content, (4) simplification of phraseology, (5) reflection of needs of the listeners.

"Radio is not a lectern," the bureau declares. "It is not a school book nor an encyclopedia. It differs essentially from the drama. It is a special art. The function of radio, in its most natural and effective use, is to create auditory images—ear pictures—to induce moods and attitudes toward a subject with restricted rational content.

"Too much and too continuous emphasis on the doctor's superknowledge tends to differentiate him from ordinary people. We would prefer to show the medical man in action affecting the lives of all about him, and thus to identify him with the common man.

"Being definitely an art form, radio should be used by artists.

COLLECTION-JOGGER: When my secretary sends out statements at the first of the month, I've found it helps collections to pen a short personal note on those that are overdue. The individual wording depends, of course, on the patient and on the tenor of our relationship. One month I kept tabs on the accounts where this was done, and was surprised to find that 75 per cent of them brought a payment. The method has the additional merit of allowing me to check closely on the accuracy of the billing.

With certain of my more difficult accounts, I've also found that sending out statements *twice* a month—the 1st and 15th—substantially increases collections.—M.D., Massachusetts.

• WRITE FOR SAMPLE AND FORMULA

BOILS

STANNOXYL

Treats
Both
Orally

STYES

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 75 Varick St., New York, N. Y.



NATIONAL FITNESS DEMANDS ENERGY

IN OUR NATION'S DETERMINED DRIVE towards greater national strength, physical fitness is as important as more ships, more planes and increased armament.

THE GOOD BREAD made by modern bakers contains both easily digested carbohydrate and high-quality protein—in almost ideal proportions.



AND BREAD IS ONE OF THE BEST SOURCES OF FOOD-ENERGY

Food-energy is needed for physical fitness, and one of the best and cheapest sources is bread.

This popular, economical food is easily digested . . . almost completely assimilated . . . and it releases a flow of food-energy over a period of several hours. Also, bread made by the usual milk formula contains protein of

high quality for muscle building and repair. It contributes valuable minerals, including calcium and phosphorus.

Bread—or toast—combines low cost with a store of good nourishment far richer than most people realize.

For further information about Bread, write to the Department of Nutrition, American Institute of Baking, 10 Rockefeller Plaza, New York, N. Y.

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specially gifted and schooled. We find radio to be an inadequate pedagogical instrument. But as a tool of public relations it is excellent.

"He who uses radio must earn his audience every minute of the time he is on the air. A twist of the dial, and the listener is gone. He can move a thousand miles away in a second.

"This demands that the speaker possess 'radio personality.' His diction must be good. His subject matter must be interestingly presented. Not too much 'teaching.' Less emphasis on the speaker's knowledge of his subject, in a tone of authority; more effort to show the listener *how the matter concerns him in his everyday life*. Written and spoken with a sympathetic consideration of the average level of common acceptance. Above all, no condescension. Listeners know quickly when they are being patronized."

Music and sound fulfill important functions in the New York society's new radio program—not in a decorative sense, but functionally, to underscore and clarify points of the text. Says the bureau: "The songs of the American people, the slang, and characteristic regional phrases are used to get a complete and colorful picture. We present

'Doctors for Defense' because we feel the program has something new and immediately timely to say about doctors and medicine and the American people; because we feel that the program can say these things in a way to make Americans listen, and learn as they listen."

—H. A. HOKINSON

Just published

ARTICLES

VOLUNTARY HEALTH INSURANCE, by Franz Goldmann, M.D. (Survey Monthly, March 1941)

BOOKS

THAT NONE SHOULD DIE, by Frank G. Slaughter, M.D. A novel against a background of State-controlled medicine. (Doubleday, Doran, \$2.75)

MERCHANTS IN MEDICINE, by E. M. Josephson, M.D. The author views the abuses of organized medicine. (Chedney Press, \$1.50)

NARCOTIC AGENT, by Maurice Helbrant. A former agent discusses drug traffic. (Vanguard, \$2.50)

HOW TO DEVELOP A GOOD MEMORY, by Robert H. Nutt. (Simon & Schuster, \$1.96)

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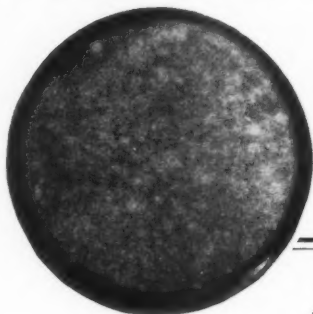
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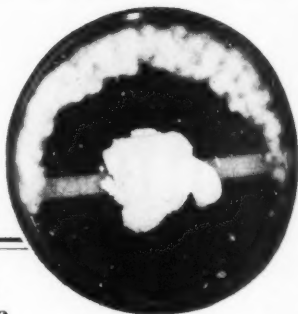
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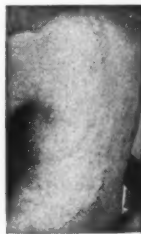
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For those who wait: Books

BY J. A. WHITE, M.D.

Ever notice the casual boredom with which patients leaf through the dog-eared, back-number magazines that sprawl on your waiting room table?

Maybe that's an unfair question. Perhaps the magazines on your table are clean, up-to-date, and of varied subject matter. But I'm convinced that even the best assortment of periodicals fails to satisfy a good many patients. The evidence? Here it is:

Last year I placed several books on the reception room table; then made it a point to check up on their drawing power. Right from the start, they made a hit with patients. So much so that I've had to add other volumes, until now the collection amounts to a small library.

Patients have many kind words to say about this innovation. Many of them tell me they welcome the change from even the most recent issues of the popular magazines, which are often read in the home.

The waiting room library must be expertly chosen. You don't want the patient to start "Gone With the Wind" while he's waiting to be ushered into the office. Nor should he be offered a technical treatise on hydraulic pump machinery. Especially objectionable on reception room shelves is a parade of medical books. This is emphatically not the place to park musty medical-school texts, or to display de-

votion to a specialty by an exhibit of several volumes on the subject. (And, incidentally, it's not the place for MEDICAL ECONOMICS.)

I experimented with many combinations of books. My secretary, from her inconspicuous corner desk, kept tabs on those that proved most popular with waiting patients and with relatives and escorts. By this survival-of-the-fittest formula, a library of proved patient-interest was constructed. A short shelf, incidentally, was found better than a whole bookcaseful. The latter was distracting, almost discouraging. A few well chosen books stand out.

Here are the types of volumes that hit the bullseye (for a comprehensive list of practical selections in each category, write to MEDICAL ECONOMICS):

First, a volume of short stories. A general collection is best. I tried a few volumes of detective shorts, which elicited much interest; but the irresistible desire to learn "who done it" would sometimes find a patient carrying off a book on his way out. This didn't happen with the general short story selection, though a few persons did tarry in the reception room after the visit to finish a choice bit of reading.

Second, a quiz book. Such books contain either straight questions with answers somewhere in the back of the book, or so-called "brain teasers." It's surprising how often

a patient will glance through one of these books in a bored way, only to have his curiosity whetted by some tantalizing problem or interest-arousing query. I found it a good idea to insert blank strips of paper between the pages to discourage marking up margins or penciling in the answers.

Then the W.P.A. guide to my State. Few people are familiar with this volume. Many patients pick it up out of curiosity and shortly find themselves reading avidly. The reader always turns first to the listing and description of his home town; then moves on to discover many fascinating facts about his

State. One of these guides has been published by the Federal Writers' Project in almost every State.

Fourth, a fact-book on the order of the World Almanac.

Fifth, a book of cartoons. Some of the popular magazines bind their cartoons into year-books. And a few topnotch cartoonists are represented by collections.

Sixth, a volume of humorous or light verse. It surprised me to find more than one patient copying down the text of some silly jingle or mirth-provoking doggerel—a practice which actually put some readers in better humor for the medical interview.

Reproductions of outstanding works of art proved popular. The classic and well loved pictures catch the interest of many patients.

Finally, a book of jokes or humorous prose.

These were the books that consistently earned their keep on my waiting room shelf. The miniature library's brief year of existence has more than justified itself with my patients. And my medical colleagues are even beginning to refer to it when some tricky question comes up. My secretary says that if this keeps up we'll be on "Information, Please!" before long. And why not?



COLLECTION ENVELOPES:

Here's a scheme which is often helpful in collecting slow, small accounts:

Whenever a patient will admit that he can spare a dollar or two each week toward reducing his bill, I give him a few stamped envelopes, pre-addressed to me. Inside each unsealed envelope is a statement of his bill.

"Just slip a dollar or so into one of the envelopes each pay day," I suggest to him, "and drop it in the nearest mailbox."

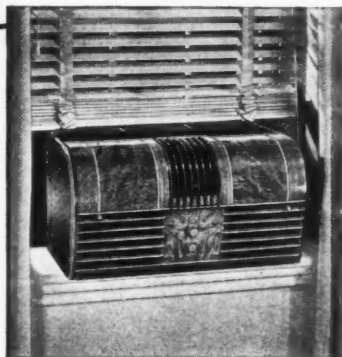
In a large number of cases, that's just what happens.—L. B. SIMS, M.D., Rockford, Ill.



LONG-LASTING RESULTS IN HYPERTENSION

The sustained gains achieved with Nitroscleran give this vasodilator wide acceptance. Nitroscleran is available in ampuls for injection treatment; also in soluble granules for oral use. Ask your physicians' supply house, or write to E. TOSSE & CO., INC., 6500 Second Ave., Brooklyn, N. Y., for literature. Export Managers: Comimex, Inc., 2 West 46th St., New York, N. Y.

Now—Your Office Can Be **COOL-Quiet-Comfortable** on the Hottest, Most Humid Days!



MODEL 76-A (Illustrated)

- Cools and Conditions Room Air.
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THERE'S A PHILCO-YORK AIR CONDITIONER FOR EVERY SIZE ROOM,
NOW PRICED AS LOW AS

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With a New 1941

PHILCO-YORK SINGLE-UNIT AIR CONDITIONER

Yes, you can enjoy the cool, quiet comfort of *real* air conditioning . . . at new low cost!

You'll be amazed at the difference a new Philco-York Air Conditioner can make in your office! No hot, muggy discomfort for you or your patients . . . no unpleasant medical odors . . . no dust from open windows . . . no harsh, irritating street noises. This marvelous, low-priced Air Conditioner gives you a cool, quiet, stimulating atmosphere on the hottest, most humid days.

It will pay for itself many times over by making possible increased efficiency and a more pleasant atmosphere for your patients. And, too, instruments, uniforms, and all equipment stay clean and hygienic far longer.

Quickly, easily installed . . . no plumbing . . . no wiring. Just plug into any electric socket.

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Please mail me the beautiful, illustrated Booklet on the Philco-York Single-Unit Air Conditioners, together with details of your Easy Payment Offer to professional people.

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STREET _____

CITY _____

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STATE _____

The Admiral ordered

1. Dear Janet: You are about to join the Navy! You can't back out, for "Orders is orders"! You see, one night I finished the First Watch on the bridge (midnight to you, lovely landlubber), and went below for a mug of coffee.



2. "How can I concentrate on battle problems," growled a voice, "with that coffee aroma coming into my cabin?" "Don't try," I laughed. "Let the Admiral make the mistakes! You relax, and have a cup!"



3. I heard a sputtering, and there stood the Admiral himself! "Confound it!" he bellowed. "There's *one* mistake I *never* make...and that's drinking coffee at night! Caffein in the stuff keeps me awake!"

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4. "I love coffee, too!" he added. "This is Sanka Coffee, sir!" I insisted. "97% caffeine-free... and can't keep you awake!" He tried a cup. "Delicious! But if I don't sleep... it's transport duty for you!"



5. Next day the Admiral sent for me. "Slept like a midshipman!" he beamed. "How did you learn about Sanka Coffee?" "My girl told me, sir," I confessed. "Clever girl!" he nodded. "Marry her... at once!"



6. When I told him the Council on Foods of the American Medical Association says: "Sanka Coffee is free from caffeine effect and can be used when other coffee has been forbidden," he gave me a month's leave. So get ready to obey orders!

NOTE TO DOCTORS: Try Sanka Coffee yourself—at our expense. Mail the coupon for a quarter-pound can. Sanka Coffee is *real* coffee... all coffee... a blend of fine Central and South American Coffees. Only the caffeine comes out... the *flavor stays in!* Sanka Coffee is available in "regular" grind, and in the popular "drip" grind. Make Sanka Coffee strong... a heaping tablespoon to a cup. A General Foods Product.



SANKA COFFEE

**REAL COFFEE... 97% CAFFEIN-FREE
... DRINK IT AND SLEEP!**

GENERAL FOODS,
Battle Creek, Mich.

M. E. 5-41

Please send me, free and without obligation, a one-quarter pound can of Sanka Coffee.

Name

Street

City State

This offer expires December 31, 1941
Good only in the U. S. A.

I'm in the army now!

[Continued from page 68]

and a lecture on military courtesy. In the afternoon more drilling and a pick-up game of soft-ball. This regimen is making a man out of me, judging by my appetite.

There seems to be no organized recreational athletic program. The regiment holds an "amateur night" once weekly, conducted by Father Byrne, chaplain of the regiment. A dance is given for trainees every month or two.

Tomorrow, several companies not breaking in raw recruits will start on a three-day "bivouac." This means tramping some ten or fifteen miles out of camp where they can play war. They will set up tents, bring "wounded" off the "battlefield," and "treat" them in hospital



DEPRESSOR CLIP: When examining throats with the aid of a pocket flashlight, many physicians use two hands—one for the tongue depressor and one for the flashlight. But if you slide the tongue depressor beneath the clip on the side of the flashlight, it's easy to manipulate them both with one hand.

stations back of the "front." Then as the infantry advances, our companies will leap-frog over one another to positions along the new imaginary battle line. All the men are looking forward to it. My company must stay behind to train the new men, but we'll get to go out with the full regiment soon.

FEBRUARY 13

For my first month in the army, I'll be losing money. Here's why:

As an unmarried first lieutenant, my pay is \$166 monthly, plus \$18 food allowance. (If I were connected with the base hospital here and had to live in town, I'd also get \$40 rent allowance. Married lieutenants receive \$166 plus \$60 rental plus \$37 or more food allowance.)

Since the rations we're getting are better than average, we're paying \$30—\$12 above our allowance—for mess this month. Supplies for the tent set me back \$15. And my army wardrobe, which is about the usual for a lieutenant, has come to \$141.50. To wit:

Bought in New York: Blouse coat (\$35), dress pants (\$10), dress hat (\$7.50), Sam Brown belt

FOR SCABIES

Wyeth's

SULFUR FOAM Applicators

Carry pure sulfur to every pore and recess of the skin

NO GREASE—NO MESS

Supplied in boxes of 3 applicators

Clinical supply free on request

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ESTROMONE-ENDO

in the oral treatment of Menopausal Symptoms

When summer activities interrupt routine oil injections of the estrogenic substance, climacteric symptoms may be controlled by oral administration. A recent study* has shown that ESTROMONE is highly effective oral therapy both in subjective relief and vaginal epithelial response. For potency, convenience and economy ESTROMONE tablets stand out as the preparation of choice.

**Sevringhaus, Elmer L.: Treatment of the Menopause, J.A.M.A. 116:1197 (Mar. 22) 1941.*

ENDO PRODUCTS, Inc.

Richmond Hill

New York

ESTROMONE is supplied in tablets of 1,000, 2,000 and 4,000 Int. Units, in packages of 20 and 100 tablets. Also in oil solution, for intramuscular use, in various convenient dosage forms. Write for information.

(\$7.50), flannel shirt (\$8.50), shoes (\$4.50), tie (\$1).

Bought here: Trench coat (\$30), two flannel shirts (\$10), two khaki shirts (\$5), khaki pants (\$5), high-top shoes (\$4), emblems (\$5), overseas cap (\$2.50), plus about \$6 for heavy underwear, socks, belt, extra tie, and leggings.

A bedding roll, for field trips and bivouacs, meant another \$10.

Then we've all bought \$1,000-coverage fire and theft insurance on personal belongings, costing \$15 yearly, from a firm in Anniston. Reason: Several tents have caught

fire. Life insurance is another expense. For my age group (29), \$10,000 coverage purchased through the government costs \$7 per month. Loans can't be made against this insurance, and it automatically ceases when you leave the service. It can be converted into a policy with a private concern, however. Premiums will be higher, but still less than ordinary civilian payments.

Men who keep cars on the post are required to carry \$5,000 public-liability and \$1,000 property-damage insurance. Cost to me on a Ford coupe was \$24 for a year.


Besides all this are club fees, spending money, and similar odds and ends. I'd have run flat this month if I hadn't collected my travel expenses. What it amounts to is that commissioned officers aren't given anything free. As a matter of dollars and cents, it's better to be a master sergeant with a good salary and all expenses than a lieutenant who must pay for everything.

The bivouac left this morning. A double breakfast of orange rings, eggs, potato cakes, sausage, doughnuts, and coffee was served, to com-

BIRTHDAY WIRES: Many physicians have a reminder file, with data taken from patients' histories, which permits them to send out birthday cards to selected patients. Recently we've begun to send inexpensive birthday telegrams to certain of our patients. Usually we send a card the first year and a telegram in subsequent years.

Naturally, telegrams are a little more costly than cards; obviously, their use shouldn't be overdone. Yet a great number of patients are highly pleased by these remembrances.—
L. H. JALONACK, Chicago, Ill.

LIRON
WITH VITAMIN B₁₂



**FOR QUICK HEMOPOIETIC ACTION
IN HYPOCHROMIC ANEMIA**

GEORGE A. BREON & CO., Inc.
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RENWAL No. 18*
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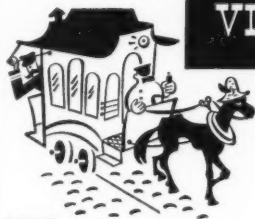


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Simple, sturdy, smart, safe—and not expensive.
Enjoys the highest professional endorsement.
It performs so well that one doctor tells another!
Also a Smaller Size (No. 6) at \$6.50
And a Larger Size (No. 9) at \$18.50



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MILESTONES IN VITAMIN B THERAPY



1897—

Eijkman (1), a physician studying beriberi in the Dutch East Indies, conducted the first controlled experiment on a Vitamin B deficiency disease. He observed that chickens fed polished rice developed a disease, similar to beriberi, which could be prevented or cured with rice polishings.

Today—

44 years of research and clinical experience with Vitamin B deficiency diseases have led reliable investigators (2) to observe that associated deficiencies of Vitamin B Complex factors are very common, and that no single chemical substance will adequately control these deficiencies. Thus, Vitamin B Complex products, derived from the same type of natural cereal grain used by Eijkman in his original work, are frequently prescribed for treatment even in cases where deficiency of one known B Complex factor is apparent.

“RICE BRAN CONCENTRATE” a time-tested B Complex source

This time-tested natural source of the Vitamin B Complex is available to physicians today through the use of ethical products containing rice bran concentrate.

“VITAB”* RICE BRAN CONCENTRATE

is a dependable, uniform source of factors of the B Complex derived from the natural cereal grain. “Vitab” is widely used in the ethical B Complex products of leading pharmaceutical manufacturers, (names of products on request). Look for the designation, “Rice Bran Concentrate”, on the labels of the Vitamin B Complex products you prescribe.

(1) Eijkman, C.: *Virchow's Archiv. f. Path. u. Anat.* 148:523, 1897; 149:187, 1897.

(2) Spies, Vilter and Asche, *Jour-*

nal A. M. A., September 2, 1939.

Strauss, *Journal A. M. A.*, March 26, 1938. Sebrell, *Journal A. M. A.*, September 7, 1940

*“Vitab” is a trademark of The Vitab Corporation



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Suggested in Indigestion

The administration of Angostura Bitters (Elix. Ang. Amari Sgt.) results in stimulation of digestive secretions. This brings about both better appetite and better assimilation of foods. Flatulence and discomfort are frequently markedly reduced.

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Dr. Siegels
BITTERS
A TONIC APPETIZER
"GOOD FOR THE STOMACH"

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written especially for Physicians!

Reserve now your free copy of the new Iodine booklet, "From Scratch to Major Operation". This informative treatise suggests the proper Iodine solutions to fight infections. Describes the uses of Iodine antiseptic solutions for 1. Pre-operative skin disinfectant; 2. First aid uses; 3. Burns and sunburn; 4. Application to mucous membranes; 5. Treatment of skin affections. This booklet should be in your reference file. Be sure to get your copy. Write today. Address Dept. ME-5.

IODINE EDUCATIONAL BUREAU, INC.
120 BROADWAY NEW YORK, N.Y.

pensate for the lighter rations the men will receive in the field.

[A third installment of Lieutenant Leigh's personal record will be published in a succeeding issue.—THE EDITORS]

Pediatrics

[Continued from page 44]

MEDICAL ECONOMICS reporters were frequently admonished to stress the importance of a good location within a community. By choice, the neighborhood should be one which is predominantly composed of young couples.

The situation in some metropolitan centers was summarized thus:

"I found it tough sledding until I moved my office over to 'specialists' row.' Then I became known to patients who were in the habit of consulting specialists, and my practice picked up."

WORKING HOURS

The Survey of Medical Practice shows that both full-time and part-time pediatricians spend an average of ten hours a day in professional tasks. This is precisely the same average that obtains among general practitioners.

Some pediatricians report what they feel to be an unusually heavy number of night calls. The busiest of these men claim to average over twenty such nocturnal summonses each month. By and large, however, pediatrics demands less time than does a general practice providing comparable income.

PATIENTS BY REFERRAL

Experience with referrals varies widely. Thus, a New Yorker reports:

"My best practice-builders are

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women who mention me over their card tables. Often a G.P. who doesn't wish to handle a difficult delivery will send it on to an obstetrician. But nine times out of ten, after doing the job, the obstetrician will send the patient back to the referring physician, even though he feels that the baby needs special care. He may suggest me to the mother, but she often hesitates to mention this to her family physician."

Contradicting this complaint is the experience of a Missouri pediatrician who reports that fully 70 per cent of his patients come to him by referral. Of this number, he estimates, about 70 per cent are sent by G.P.'s; 20 per cent by other specialists; and 10 per cent by patients and hospitals.

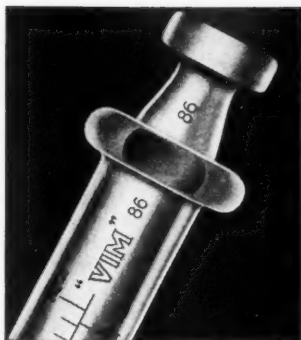
"We have children referred to us," insists another, "only when they're in terrible shape."

FEES

Fees in pediatrics are consistently higher than those in general practice. The commonest charges reported were \$3 for office visits and \$5 for house calls. The fees for special consultations or emergency aid at hospitals after birth was often set at \$10.

Since parents seem prone to discuss pediatricians' fees with friends, the problem of reduced charges in special cases is frequently difficult. In the words of a representative young specialist:

"I 'spoiled' an entire neighborhood by granting reduced rates to one family. They incautiously spread the word around, and I was forced to give the same reduction to every family in the vicinity, even though in many cases this reduction wasn't at all necessary. Now I've changed



SLOW GRINDING

... the Marvel behind

VIM SMOOTHNESS

Slow-grinding produces the smooth-acting syringe that frees you of exasperating leakage and backfire, of faulty, "sticky" action.

Slow-grinding matches each piston and barrel to an individually exact fit within 1/10,000". *Slow-grinding* is the marvel behind the velvety smoothness and tightness of VIM Emerald Syringes.

And because *Slow-grinding* does not injure the temper of the glass, VIM Emerald Syringes maintain their accuracy and smoothness indefinitely. The *Slow-ground* VIM is the longest lived, lowest-cost-to-use syringe you can buy.

All standard sizes; order from your surgical instrument dealer by the name VIM.



my tune. Instead of reducing a fee in special cases, I ask payment for alternate visits only. Thus, when a woman is asked how much she is paying, she mentions my full fee."

COLLECTIONS

Collections are less troublesome in this specialty than they are in general practice. Witness these figures from the Survey of Medical Practice, showing the percentages of accounts collected in 1939:

Full-time pediatricians (175)....84%

Part-time pediatricians (125)....78%

General practitioners (5,523)....77%

SERVICE BY THE YEAR

The practice of contracting with a family to render pediatric services for an annual fee is gaining wider currency every year.

Die-hard critics of this trend claim that it encourages families to take advantage of their doctors by bringing in youngsters with

slight or imaginary ailments. But this objection is not shared by leaders in the American Academy of Pediatrics.

Their counterclaim is that a mother will seldom go to the trouble of getting a baby ready for an unscheduled office visit unless real sickness is suspected. And the blanket-fee arrangement, these men go so far as to maintain, will probably mean the economic salvation of pediatrics as a separate specialty.

Surveys made by the academy show that the largest amount of contract work is done in the West. Three styles of signed agreements are in common use:

1. Full service. This includes unlimited office visits, house calls, phone service, and immunizations. Annual cost is from \$60 to \$250.

2. Well-baby service. This includes complete office and phone service, but does not ordinarily cover house calls. Yearly fee is from \$35 to \$100.

3. Limited well-baby service. In most cases this contract does not cover house calls and gives only limited office service; however, it does include phone service and immunizations for \$35 to \$75 yearly.

Verbal agreements seem to be somewhat more popular with pediatricians elsewhere, although they bring lower fees. Typical fees called for by verbal agreements covering the services listed above were reported in an A.A.P. round table as follows: \$60-\$85 annually for full

PHONED FOLLOW-UPS: I keep a list of those of my patients who are suffering from chronic ailments. Guided by this list, I phone each of them at reasonable intervals to inquire about their progress.

This permits me to follow the course of their ailments closely, without encouraging them to feel that I'm making unnecessary house calls. Almost always they're pleased by this evidence of personal interest. And not infrequently the plan leads to requests for house calls.—S. S. STEVENS, M.D., Thompson, Pa.

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NON-HABIT
FORMING

KONSYL is non-irritating and tends toward normal physiological activity of the bowel. Promotes peristalsis by bulk and lubrication in cases of chronic constipation. EFFECTIVE and ECONOMICAL. Write for sample. ME 5-41
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Vince is Jack of all trades—and Master of all, no less. Its effectiveness as a mouthwash and gargle, as a denture cleanser and therapeutic agent in ulcerative gingivitis, has earned for it the reputation of all-round oral cleanser, detergent and antiseptic.

Vince is sodium perborate at its best, made palatable for oral use. In your next case of Vincent's infection, put Vince through its paces—as a paste for office treatment, as a dentifrice, mouthwash and gargle for home use.

A trial supply of Vince, to help you in making your own observations on its usefulness, will gladly be sent you. Please request it on your letterhead. Available in 2, 5 and 16 ounce tins.

VINCE

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service: \$50-\$82 for well-baby service; and \$3-\$10 a month for limited well-baby service.

Three California pediatricians report that their blanket-fee method has proved highly successful. For \$60 a baby receives unlimited service, excluding surgery, during the first year. An extra charge of \$12 covers smallpox vaccination, three doses of pertussis vaccine, three doses of diphtheria toxoid, and a Schick test. During the second year, a service which schedules a routine office visit every two months is offered for \$40.

CERTIFICATION

On the value of certification for pediatricians there are two distinct schools of thought. One holds that the general public is ignorant of what certification means, and does not know which men are certified. The directory of specialists is doubtless a good idea, it is added, but copies are not ordinarily consulted by laymen.

The opposite school replies that the benefits of certification will take time to materialize, but are decidedly worth waiting for. Good arguments for certification are said to be that (1) it helps protect the public against inexpert practice; (2) it may help limit the number of pediatricians to what the field can naturally maintain; and (3) it is becoming more and more a prerequisite for hospital and teaching posts.

The chief drawback to certification, as seen by an official of the Academy of Pediatrics, is that many top-notch partial specialists can not devote the time to qualify. At present, physicians with ten years' experience in the field can offer this background as qualification; but the opportunity to do so expires in 1943.

ADVICE AND HINTS

Established pediatricians offer the beginner these suggestions:

Be quite sure that pediatrics is your field. Don't neglect postgraduate and clinic work after you begin to practice. Try, perhaps, for a job as school physician, because if the children under your care like you, they will quite possibly become part of your regular group of patients.

Simple, routine procedures are of particular value in building up a pediatric practice. Therefore:

Set aside an hour each day for parents to phone or to drop in for a discussion of their problems. Don't forget the friendly gesture of calling up the parents of a convalescing child after house calls are no longer necessary. Whenever possible make return appointments at the time of a visit.

Stress the importance of immunizations in a footnote on diet lists, and issue a health card that specifies which immunizations have been completed and on what dates. Build up a tickler file which will facili-

HEPVISC

- REDUCES BLOOD PRESSURE
- RELIEVES THE SYMPTOMS

Sample and Formula on Request

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 75 Varick St., New York, N. Y.

Will actual Results convince you?

(Often gives some relief in 10 minutes)



It takes a *big* man to have an open mind. Are you open to *proof* before your own eyes? Here it is.

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Sample Nakamo Bell, please.

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Address

tate the sending of reminder postcards about revaccination and retesting. Finally, be sure to set a low fee for all prophylactic measures that are given free by public health officials.

(It's worth adding, incidentally, that many pediatric veterans deplore the trend toward the Little BoPeep motif which more and more beginners are introducing in their offices. Toys and youthful waiting-room decorations are in order, of course. But it is felt that older children will enter the office with reluctance if it too closely resembles a kindergarten.)

CONCLUSIONS

The opinions of experienced pediatricians coupled with the findings of the Survey of Medical Practice emphasize this basic fact: Pediatrics no longer offers the exceptional promise to physicians which it used to.

Pediatrics is said to be essentially the general practice of medicine applied to a limited age group. As such, it faces inevitable competition from general practice and from other specialties. District nurses, infant welfare agencies, and public health organizations are other sources of competition. And be-

cause a clientele in this field grows up and disperses in a dozen years or so, the physician must be so situated that constant replacements will be available to maintain his practice.

The time may come, as one doctor optimistically phrases it, when "the pediatrician will emerge as liaison officer between public health services and private medicine." But until his role is more specifically delimited, he is likely to find himself in a slowly narrowing field.

—CARL A. EVANS

Dr. Frank Lahey

[Continued from page 51]

medical failures rather than his successes.

In spite of his crowded days, Dr. Lahey has found time to be active in numerous medical organizations. The A.M.A.'s president-elect was long a member of that body's Council on Scientific Assembly and of the Council on Medical Education and Hospitals. He's a member of the New England, the American, and the International Surgical Societies, as well as a governor of the American College of Surgeons. He's also a past member of the editorial boards of The New Eng-

EXAMINE FEET

WEAK ARCHES OFTEN THE CAUSE OF RHEUMATOID PAIN IN FEET AND LEGS

Many cases of rheumatoid foot and leg pains and tired, aching feet, are traceable to muscular and ligamentous strain caused by weak or fallen arches. Dr. Scholl's Arch Supports and exercise help relieve and correct these conditions. Designed with special orthopedic features adapted to all types of feet. Thin, light, RESILIENT. Adjustable as condition of feet improves. Expertly fitted at Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort Shops in principal cities. \$1 to \$10 a pair. For Professional literature, write The Scholl Mfg. Co., Inc., 211 W. Schiller St., Chicago, Ill.

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Physicians meet these indications with RECTAL MEDICONE, plus regulation of the patient's habits to secure subsidence and quiescence of the process.

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RECTAL MEDICONE

land Journal of Medicine, and of Surgery, Gynecology, and Obstetrics. Lately, he accepted appointment to a local Selective Service appeal board.

Organized medicine's new leader is a confirmed opponent of any governmental tampering with the profession. He declares it will be his inflexible policy to oppose any and all attempts to regiment physicians and to control medicine on a national scale. In spite of his clinic's accomplishments, Lahey has said that no group, clinic, or hospital is as basically important as the general practitioner. Complex medical institutions, he states, can only function efficiently *after* the family doctor has played his role as friend, diagnostician, and treat-er of the sick.

For his birthday last year, Lahey's friends co.laborated on a surprise gift. It was a specially printed, 466-page volume made up of medical writings and essays contributed by fifty physicians. The dedication read:

"All men desire to be immortal, but few fulfill that desire in life. Yet fame gives immortality; and to have attained it in sixty years is an enviable achievement."

The anonymous composer of

that dedication was plainly sincere. But as he gave rein to his emotions, admiration apparently led affection by a nose.—ROGER T. GREGORY

They left their practices

[Continued from page 39]

stitute is usually friendship. Another is that written agreements do not seem to be common. Perhaps the reasoning here is that if a doctor cannot trust his substitute, an elaborate legal document won't remedy matters.

Doctors leaving small practices apparently made little effort to guard their interests, while men in lucrative positions usually arranged careful plans. Incidentally, the physicians interviewed were practically unanimous on one point: They had consciously avoided any scheme which might involve them in continued responsibility for collections, rent, records, etc. Instead, they preferred to leave all administrative details in the hands of their substitutes.

Finally, the evidence suggests that if a departing doctor doesn't follow up his bills before leaving, the out-of-sight, out-of-mind phenomenon will make further collections difficult.—F. H. ROWSOME JR.



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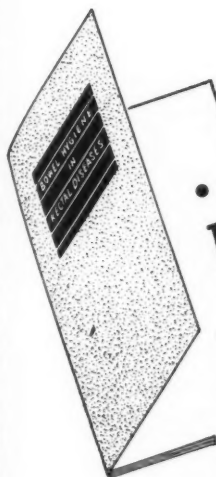
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This treatise is illustrated with nine reproductions of actual natural color photographs of various phases of pathology as revealed by anoscopic and proctoscopic examinations.

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Kondremul offers the physician a clinically proven, easy-to-take, creamy emulsion for promoting proper bowel hygiene.

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Gentlemen: Please send copy of "Bowel Hygiene in Rectal Diseases" together with clinical trial bottle of Kondremul.

☐ Kondremul (Plain) ☐ Kondremul with Phenolphthalein
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Note: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

THE NEWSVANE



Lend-Lease Physicians?

Dr. Thomas Parran Jr., who went with a four-man mission to study civil defense in England, said on his return that the U.S. must rush doctors to Britain at the earliest opportunity.

The British campaign in the East has caused a shortage of medical men in England, the U.S. Public Health Service leader declared. He explained that a physician and nurse are required to be on duty throughout the night in every English shelter where more than 100 persons are quartered. At the same time, he expressed confidence that America is medically equipped to meet the current crisis.

A few days later, however, Dr. Parran told the New England Health Institute:

"One of our more pressing tasks is to increase by several-fold the doctors, nurses, engineers, inspectors, and other public health personnel needed in an all-out defense effort." He also labelled draft rejections for physical defects "a national disgrace," and said he could name "a dozen booming defense areas" in which sanitation problems are much worse than "the depressing conditions in air-raid shelters in London."

One Minute X-Ray

Wounded soldiers can be examined at the rate of one a minute with a new X-ray unit manufactured by the Westinghouse Electric and Manufacturing Company. This unit, said to be one of the fastest of its kind, can be set up on a battlefield in ten minutes. It is designed for direct exami-

nation, without the use of films, to determine quickly the exact course of a bullet in a patient's body.

Bombproof Hospitals?

Plans to make American hospitals bombproof and gasproof were outlined by Dr. William H. Walsh of Chicago, consulting specialist on hospital planning, at the recent convention of the Association of Western Hospitals.

Dr. Walsh said that hospitals, particularly those in coastal munitions areas, defense industry centers, and other sections most likely to be attacked by air, should be prepared to sandbag outside walls to a height of six feet or more. He also warned of the necessity of protection against incendiary bombs.

Other necessary safeguards, he said, include protecting drug supplies, bombproofing and gasproofing operating rooms, providing tunnel exits, and organizing personnel for emergency service.

Meanwhile, it was reported that Basel, ancient Swiss border town, has just completed a subterranean hospital. The building was planned in accordance with the principles governing fortress architecture and is expected to be strong enough to resist the heaviest of bombs.

It is primarily intended for persons wounded or poisoned by gas in warfare, and will be able to treat an average of 500 slightly wounded patients and handle about 180 operations per day. The hospital has a special plant to furnish light, heat, hot water, and fresh air in case of emergency.

Brinkley's Advertising

Dr. John R. Brinkley, once the possessor of great wealth obtained through his gland-operation activities, recently appeared in a Texas court to explain his bankruptcy. He faced creditors seeking \$230,000 in claims.

Dr. Brinkley testified he once owned three yachts, but had been forced to sell them all. Not long ago, he said, the U.S. Navy bought the last of them for \$119,000. Another he sold late in 1936 to the president of Venezuela for \$125,000. The third, which cost only \$20,000, was disposed of for \$15,000. All three yachts, it was brought out, were named "Dr. Brinkley" for advertising purposes.

Brinkley testified that radio station XER at Villa Acuna, Mexico, just across the Rio Grande, cost him \$90,000 when it was built in 1931. He said it was confiscated by the Mexican Government three years later, but reopened as XERA in 1935.

Drug Inquiry Assailed

As part of a wide-front move to investigate the extent of Nazi control over the domestic pharmaceutical and chemical industries, the Department of Justice was reported in the press last month to have subpoenaed the records of the Schering Corporation, Bloomfield, N.J.; Hoffmann-La Roche, Inc., Nutley, N.J.; the Sterling Products Co., Wheeling, W. Va.; the Winthrop Chemical Co., Inc., New York City; and the Swiss Bank Corporation, New York City.

Two of the concerns immediately protested the publicity. Hoffmann-La Roche asserted that newspaper accounts of the Federal probe had all the characteristics of a "Nazi-type smear." Both this company and the Schering Corporation denied press reports intimating that they were German-controlled and that their profits were being diverted for Nazi use.

It had previously been charged in the papers that German interests were curbing the production of im-

portant pharmaceutical and chemical materials, thus creating an artificial shortage. The allegation had also been made that certain drug companies were doing an active export business with Latin-American countries, as a result of which "huge dollar reserves" for the Nazis were being built up in New York banks.

Federal anti-trust officials were said to have stated last month that the Schering Corporation is operating as a shipping center for Nazi chemical and pharmaceutical trade with Latin-America. In each transaction, it was reported, the company is reimbursed to the extent of its manufacturing costs; but all profits are deposited with the Swiss Bank Corporation, of New York City. The Swiss bank was described as having been an instrument for economic penetration of the United States by the Germans during the first World War, and as having accumulated vast financial reserves for the Nazis during the present war.

The Department of Justice was reported to have said that the Schering Corporation was divorced in 1936 from its German owners, at which time it became a subsidiary of Chemical and Pharmaceutical Enterprises, Ltd., of Basel, Switzerland. But, the report added, the Swiss Bank Corporation, of New York City, owns fifty-one per cent of the Basel firm.

In answer to the foregoing charges, the Schering Corporation issued this denial:

"Schering Corporation manufactures pharmaceutical products, having its own plants in Bloomfield and Union, N.J., and employs more than 400 persons. It has organized and built a new industry in the hormone field; its products are used by leading physicians throughout the United States. The products of its laboratories have been used as the basis of research by outstanding scientists who have published their findings in every prominent medical and scientific medium in this country. . .

"Schering Corporation, organized

several years ago, is an American concern in which there is no German interest or influence either directly or indirectly. No German material enters into any of Schering's products either for domestic or export use. Schering Corporation does a considerable export business and through this has been able to double the number of its employees and to establish a market for American-made medicinal products. To the best knowledge of its management, not a cent of the

proceeds of the South American concerns goes to Germany either directly or indirectly. . ."

The Hoffmann-La Roche protest was signed by its president, Elmer H. Bobst, who said:

"I approve of all investigations that will tend to embarrass this country's enemies, but I do not approve of the Nazi type of smear practiced by newspapers in this case. This kind of publicity will destroy things built up after years of toil and effort. If there is any industry that has rallied to the support of the Government in the present emergency, it is the chemical industry."

The Hoffmann-La Roche head declared that although his organization was connected with a parent company in Switzerland, it functioned as an independent concern. He pointed out that Hoffmann-La Roche had no dealings with the Swiss Bank Corporation and that it did not furnish profits for the Nazis in any manner.

Mr. Bobst predicted that the Government inquiry would disclose scant evidence of German control over American pharmaceutical and chemical companies. Meanwhile, he said, publicity attendant upon the investigation was reflecting unfairly on the reputations of companies that had performed an invaluable public service in furthering the control of disease.

Open Schools to British

English medical students will be able to complete their training in U.S. or Canadian schools under a \$100,000 program subsidized by the Rockefeller Foundation.

Reviewing 1940 foundation activities, President Raymond B. Fosdick recently revealed that details of choos-

Warning!

Collection agency claims should be investigated

Beware of credit or collection agency representatives who claim that their companies are "endorsed" or "recommended" by MEDICAL ECONOMICS.

According to reports from several physicians, representatives of at least two nation-wide collection agencies have recently made false statements of this character to convince doctors of the merits of their service.

MEDICAL ECONOMICS never directly endorses any individual credit or collection service. Needless to say, there are a number of reputable companies with commendable records in this type of work. But only in the sense that a few of the better services have advertised in MEDICAL ECONOMICS can it be said that this magazine has passed judgment on their merits. If an agent cannot produce tangible evidence that his company's advertising has been accepted (hence approved) by MEDICAL ECONOMICS, any so-called endorsement he refers to is probably a fraudulent misrepresentation.

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NOW . . . in **HEAT-RESISTANT** as well as **REGULAR GLASS**



● Everybody is enthusiastic about the new Hygeia heat-resistant nursing bottle introduced a short time ago. And no wonder! In addition to the easy-cleaning features that have made the regular so popular, this new bottle is designed to reduce breaking from sterilization, sudden temperature changes. It has an unlimited replacement offer protecting even from dropping. It's a time-saver because it heats faster and can be transferred from hot to cold temperatures without waiting.



Recommend Hygeia heat-resistant or regular nursing bottles to your patients . . . they cost more, but the total cost is less than almost any other baby requirement.

ing students and transporting them to America are being worked out by an official now in England for that purpose. Twenty-five schools in the U.S. and Canada have agreed to accept British students.

English medical students are exempt from military service, but in many places their studies have been interrupted by bombings and by increased demands on their hospitals. Fosdick said that London bombings have missed only one teaching hospital.

The report showed that the foundation appropriated \$9,854,947 last year. United States projects received 77 per cent of the appropriation. Of the total, \$4,050,000 was allotted under medicine and public health categories.

Banting's Secret

Scientific and medical information of the most priceless character may have been lost to the world when Sir Frederick Banting, co-discoverer of insulin, died in the Newfoundland crash of a warplane en route from Canada to Britain. The belief is supported in the dramatic account of the crash made public by Captain Joseph C. Mackey, pilot of the plane, in a copyrighted article in The New York World-Telegram.

Revealing that the Canadian scientist lived for sixteen to twenty hours after the crash despite serious head injuries, Mackey wrote: "Throughout the first night and morning, Sir Frederick roused himself from time to time, and in what seemed a perfectly lucid condition, dictated rapidly letters, memoranda, and statements which were to me merely streams

of unintelligible technical medical phraseology which I, due to my own condition, could not take down."

Captain Mackey said Sir Frederick apparently was not aware of the serious nature of his injuries. "His entire bearing and attitude was military. He seemed to feel he was carrying on at a post of duty. At times I went through the motions of writing down his words so as to quiet him."

Before he died, the physician managed to crawl from the plane. The pilot, returning from a futile trip to find help, found his body lying in the snow fifteen feet from the wreck.

Meanwhile, sugar manufacturers have been urged to stamp a tribute to the insulin pioneer on each package and cube wrapper. The suggestion was made by Dr. John Fallon, an intimate friend of Banting's.

Dr. Fallon points out that the consumption of sugar in the U.S. and throughout the world was greatly increased by the discovery of insulin. As a precedent for his suggestion, the New York physician cites the legend, "Le Bon Pasteur," printed on each package of Roquefort cheese to express the gratitude of the people of France to Louis Pasteur.

Refugee Wins License

The New York State Board of Regents must grant a medical license to Dr. Otto Marburg, Austrian refugee neurologist, now heading his own research laboratory in New York City.

In affirming a State Supreme Court decision to that effect, Presiding Justice James P. Hill of the Appellate Division criticized the Board of Regents and Dr. Ernest E. Cole, State Education Commissioner, for taking

Rx **SCABENZATE LOTION** (HART)
NEW BENZYL BENZOATE TREATMENT for SCABIES
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	Quantity	Iron Mg.
Cow's milk, pasteurized	24 fl. oz.	1.7
Orange juice, fresh	1 fl. oz.	0.07
Canned strained liver soup	2 fl. oz.	1.4
Egg yolk	1	1.4
GERBER'S CEREAL FOOD	½ oz.	4.0
SAME PLUS 4 OZ. MILK	4½ oz.	4.3

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A simple twist of the wrist converts the New Dual "Bathinette" into a smart, tub-within-a-tub. Use it to bathe and dress baby in the bathtub where conveniences are handy; then carry it to nursery or bedroom for use as a dressing table and napkin changes during the day. Saves time and

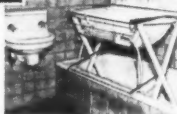
work; no stooping or stretching.

Other "Bathinette" models with special features; also helpful accessories.

The same "Bathinette" used in bathtub



Write for free booklet and special discount to doctors. Baby Bathinette Corp., Dept. E, Rochester, N. Y. Sole Manufacturers of the "Bathinette."



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which supplies these, plus a potent eliminant of metabolic waste, tends, when given per os, to relieve pain, reduce swelling, and improve motility.

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the position that licensing Dr. Marburg would have an adverse effect on the "fortunes and privileges of the medical profession of this State."

Justice Hill wrote: "The statutes concerning the licensing of physicians are not intended to be for the benefit of the members of that guild, but to advance and promote the public welfare through the improvement of the health of our citizens. Except for the latter consideration, it would be in violation of our constitution to grant to a limited number of persons the privilege to treat human ills in return for very adequate compensation."

Dr. Marburg's license application had been twice rejected. Justice Hill said that standards for the endorsement of foreign medical licenses required that "an applicant must have reached a position of conceded eminence and authority in his profession." He declared the Legislature grants to the Board of Regents and the Commissioner of Education discretion to determine whether an applicant is eminent and an authority, but not to select favorites from among those so regarded.

Dr. Marburg, 66-year-old native of Czechoslovakia, fled from Vienna in 1938. He is engaged in neuropathology research at Columbia University, the Rockefeller Foundation having contributed \$5,000 for this work.

Aid to Group Health

Groups seeking information and assistance in formulating health insurance plans have been invited to avail themselves of the knowledge gained in four years of study by the Medical Administration Service, Inc., formerly the Bureau of Cooperative Medicine.

The M.A.S. describes itself as a non-profit organization which will function as a national clearing house for advice and statistics on group health plans. For a cost charge, it

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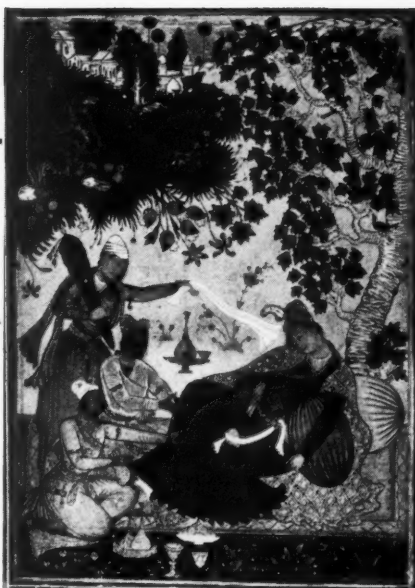
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nervousness, insomnia, nervous hysteria or nervous symptoms of pregnancy and the menopause interfere with rest and sleep, look to the kindly bromides, dependable and well tolerated as presented in



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An unusually palatable syrup containing 15 grains of carefully selected and balanced bromide salts per fluidram. Each fluidounce contains:

Sodium bromide.....	64 grs.
Potassium bromide.....	20 grs.
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will provide a field staff to investigate and make suggestions in any given locality where adoption of a group program is contemplated.

Cancer Data for Doctors

The American Society for the Control of Cancer has been advised by Dr. James Ewing, consulting pathologist at New York City's Memorial Hospital, to center its educational program on the medical profession rather than the lay public.

Dr. Ewing, addressing an A.S.C.C. board meeting, said physicians and patients now share about equally the responsibility for delays in treatment of the disease. He said many patients with early signs of cancer receive ill-advised or inadequate treatment because their doctors, not having access to latest knowledge of the disease, fail to recognize the symptoms.

He recommended that one-third of a 480-hour course under the department of pathology in each medical school be devoted to instruction in the principles of cancer. He said diagnosis and treatment should be taught in the surgical departments.

Dr. E. B. Wilson, A.S.C.C. board chairman and professor of vital statistics at Harvard, predicted an increase in the number of cancer deaths reported annually during the next twenty years.

Federal Aid to States

The Legislature of North Dakota wants Congress to amend the Social Security Act so that the States can develop medical care programs for recipients of public assistance, under

which 50 per cent of the cost would be borne by the Federal Government. A concurrent resolution sent to Congress declares the problem of providing such care "has become a burden which exceeds the taxpaying ability of many State and local communities."

Rural Health Studies

Dietary deficiencies, insanitary facilities, poor housing, and lack of adequate medical care make poor health inevitable for the lower third of the nation's farm families, according to recent testimony in the House of Representatives. In support of the work of the Farm Security Administration, Representative John J. Sparkman of Alabama reported:

"Health surveys of 100 low-income farm families in two Southern counties recently indicated the extent of the problem. In the 100 families there were 575 persons. Among the physical handicaps discovered were 132 cases of rickets among children; 35 or 40 per cent of those from one county had hookworm infection; 288 had diseased tonsils; 360 individuals had defective teeth; and 124 had defective vision. . .

"In another study of [F.S.A.] rehabilitation families in Texas and Oklahoma, it was found that of the 43,000 families surveyed, one out of every three births had not been attended by a physician. Of the 16,000 cases of serious illness reported for the year, more than half lacked physicians' care.

"The total amount of unpaid doctors' bills was nearly a half million dollars. [Turn the page]



Matex Last Longer

ASK YOUR SURGICAL SUPPLY DEALER ABOUT THE
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MODERN IRON THERAPY WITH
A HERITAGE OF OVER A
CENTURY OF MEDICAL
APPROVAL



**Iron in Suitable Form Is the Essential
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Hypochromic Anemia**

● The effectiveness of iron therapy, in the treatment of the secondary anemias and as a nutritive adjunct, depends upon the form of iron administered—upon its facility for ready ionization, assimilation and utilization—which in turn is dependent upon its freedom from losses due to untoward side actions.

● Clinical evidence, accumulated during over a century of use, has established ferrous carbonate, freshly prepared, and in semi-liquid mass, as a form of iron that, in every essential, most nearly conforms to specifications for the ideal.

● **FERINEX*** (Plessner) provides iron in the form of a permanently-stable ferrous carbonate soft mass, freed from every trace of astringent acid radical. Combined with vitamins B₁ and B₂ and liver concentrate, it is hermetically sealed in soft gelatin capsules permanently protected against oxidation and deterioration. Each capsule provides 6 grains (0.4 gm.) ferrous carbonate, representing 101.5 mgm Fe. ($\frac{1}{4}$ the daily Fe. intake necessary for maximum Hb response).

A clinical supply of Ferrex, sufficient for a convincing trial, will be sent to physicians upon receipt of a request on professional stationery.

*Trade Mark Reg. U. S. Pat. Office.



THE PAUL

Plessner Co.

DETROIT, MICHIGAN

"Even among the relatively well-to-do farm families, physicians' care is something of a luxury. Farm families with incomes of from \$1,000 to \$1,250 can spend on the average only about \$50 for medical services. More than half of the farm families of the nation cannot afford to spend this much. Families with incomes between \$250 and \$500—there were about 600,000 of them in 1937—can afford only about \$15 per family per year for medical care."

Blue Cross Wins Refund

U.S. hospitalization groups with a total combined membership of more than 6,500,000 are affected by a ruling of Federal Judge Hugh D. McLellan, who recently decided that the Associated Hospital Service Corporation of Massachusetts is nontaxable under the meaning of the Social Security Act and is entitled to a refund of \$220 paid to the internal revenue collector in 1937 for ninety-five employees.

Judge McLellan ruled that the corporation, known as the Blue Cross, is organized and operated exclusively for charitable purposes, and that no private individuals or stockholders benefit from its net income.

Attorney Roger Hardy said that sixteen of twenty-four States which have authorized group hospitalization have officially designated such groups as charities. Lyle M. Turner,

special assistant to the U.S. Attorney General, had argued that Blue Cross is a cooperative organization of subscribers who pay in full for their services.

Public-Utility Medicine

Practice of medicine and allied sciences would be made a public utility under a proposed amendment to the California State constitution, filed with the Secretary of State by Avery C. Moore of Oakland.

Doctors and dentists would be divided into two classifications: those who would choose to remain in private practice, and those who would practice exclusively under the new measure. The latter would receive compensation from the State in amounts up to \$10,000 a year.

The program would provide free medical, hospital, dental, and burial service to the entire public, at State expense.

Master Insurance Plan

Creation of a national institute of medical insurance with power to form local units in each State, has been suggested in a letter to The New York Times by Charles A. Togut.

The proposal recommends that local chapters draw up agreements with doctors and hospitals under the supervision of the State medical societies. The subscribers would have

	<p>Physician's fine wood office equipment</p> <p><i>Send for COMPLETE CATALOG</i></p> <p>W. D. ALLISON COMPANY INDIANAPOLIS - INDIANA</p>	City	Add.	Dr.

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Dr



● Glyco-Thymoline helps to cleanse, soothe, and heal irritated and inflamed mucous membrane in vaginal catarrh, and temporarily reduce disagreeable odor in leucorrheal discharges. It also aids in controlling annoying pruritus. Test sample on request.

KRESS & OWEN COMPANY
361-363 Pearl Street New York

Prescribe Glyco-Thymoline
for the *Vaginal*
douche



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TOMPKINS
ROTARY
COMPRESSOR

An ideal apparatus for the physician or surgeon who requires only one machine. May be used in office, operating room for major or minor surgery, or at patient's home.

Greatly improved in design and appearance. Motor unit is spring suspended, assuring smooth, quiet, vibrationless operation; stainless steel base; hot water jacket with electric heater for ether bottle controlled by switch mounted on base, with pilot light illuminated only when heater switch is "on." Redesigned table with drawer space for accessories. Gauges and control valves on both negative and positive lines; ether regulator; two way by-pass valve; set of DeVilbiss sprays and sinus cleanser. Compressor connected direct to motor. Send for descriptive folder showing apparatus in natural colors.

**Sold Only Through Surgical Supply
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Complete
with accessories, table
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\$132.50

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AN ANTISEPTIC
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TREATMENT FOR
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Spray assures thorough application, facilitating coagulation of protein. Rapid evaporation permits frequent application. Readily forms more pliable eschar.

Solution remains stable, is ready for immediate use at all times.

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From Your Dealer
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"Since 1902"



Sanitary

Royalchrome furniture is the acme of sanitation—remarkably easy to keep clean and lustrous. Yet it's smart, colorful.

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Royalchrome dignifies the reception room and office—wins favor with the patient . . . increases prestige. Styled in good taste.

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Royalchrome is built to endure . . . stands hard use for years. Upholstered in 39 colors of guaranteed Tuf-Tex leatherette.

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Write today for free layout service.

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Toronto



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DISTINCTIVE FURNITURE

free choice of physicians and hospitals from among those actually associated with the program. Wage-earners and their dependents would pay on the basis of a graduated scale of premiums, estimated at an average of 4 per cent of income. Funds thus provided, Togut believes, would be adequate to finance the proposed services, cover administrative and selling costs, and provide adequate reserves. The national institute would guide and promote each local organization, maintaining a flexible policy designed to meet the fundamentally different problems encountered in various sections of the country.

Counsel on Drafttees

Formation of a Medical Advisory Council to cooperate with National Headquarters, Selective Service System, on problems connected with the physical examinations of registrants, has been announced by Dr. Leonard G. Rowntree, chief of the medical division.

Announce Schering Award

"To foster greater interest in the subject of endocrinology," the Schering Corporation, U.S. pharmaceutical concern, has endowed two scholarships for the best papers on the history of endocrinology submitted in a nation-wide prize competition among medical students. Announcement of the Schering Award was made through the Association of Medical Students, which will have charge of the contest. Manuscripts will be received up to October 31, 1941.

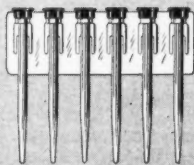
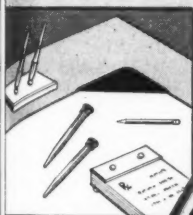
Medical Research Plan

Creation of a municipal medical research bureau to help cope with diseases of epidemic potentialities, has been proposed by Mayor F. H. La Guardia of New York. No other U.S. city has such a bureau. Mayor La Guardia believes such a research

Not fancy—but efficient and economical



B-D PRODUCTS
Made for the Profession



THERE is nothing fancy about this chrome-plated brass steritube with red rubber cap. Yet, it costs only 50 cents, will keep a syringe and needle sterile for a reasonable period of time, is handy to have around the office or throw in the bag, and will not break unless you use a hammer on it. It protects syringes.

You can purchase these B-D Steritubes singly or in racks of six for office use. It will accommodate 1½ cc., 2 cc. Insulin and Tuberculin syringes with or without needles.

B-D PRODUCTS
Made for the Profession

BECTON, DICKINSON & Co., RUTHERFORD, N. J.

program should be financed with money collected by the Board of Health for pre-marital Wassermanns.

Food Campaign Begins

The nation-wide nutrition education campaign, announced recently as part of the national defense effort, will be carried out by motion pictures, radio programs, and printed matter emanating from Federal and State health agencies, the U.S. Public Health Service has revealed. A ten-minute technicolor sound film, "Proof of the Pudding," will be released to commercial theaters throughout the country during the next few months. It was produced jointly by the Metropolitan Life Insurance Company and the Public Health Service.

Willkie's \$13,000 Cough

Dr. H. D. Barnard, Beverly Hills (Calif.) specialist who treated Wendell L. Willkie's throat during the presidential campaign, has encountered difficulties in trying to collect a fee of \$13,000 which he asked of the Republican National Committee for his services to the candidate. Dr. Barnard traveled fifty-two days with the Willkie campaign entourage.

Representative Joseph W. Martin Jr., of Massachusetts, chairman of the Republican National Committee, has issued a statement saying Willkie had offered to pay the bill, but

that it is being regarded as a proper obligation of the national organization. Martin declared the bill was too high, and referred it to the national committee's treasurer.

Dr. Barnard claims his normal fee is \$500 a day when he is called away from his Hollywood practice.

1,000,000 Alcoholics

There are in the U.S. one million chronic alcoholics whose theoretical earning power or economic value to the country is approximately \$20,454,375,000 a year, Dr. Horatio M. Pollock, mental hygiene statistician of the New York State Department of health, recently told the American Association for the Advancement of Science.

Dr. Pollock estimated that those arrested for intoxication cost the country about \$5,113,593,000 a year, and that the annual loss of income of 31,220 alcoholics in mental hospitals amounts to \$86,154,712. in addition to \$15,610,000 needed to treat and maintain them.

Sickness Insurance Poll

A poll of the Illinois profession by the State medical society to determine what physicians think of sickness insurance, brought only one reply favoring compulsory insurance.

Brief questionnaires were sent to the secretaries of all county societies,

The dependable Urinary Antiseptic

Genito-Urinary antiseptics and amelioration of renal and vesical discomforts are accomplished when Cystogen is used in the treatment of urethritis, pyelitis, cystitis, etc. Cystogen flushes clean the genito-urinary tract from kidney to meatus and prevents intra-vesical decomposition of the urine. No irritating after-effects when Cystogen is administered. In 3 forms: Cystogen Tablets, Cystogen Lithia, Cystogen Aperient. Send for free samples.

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☆ Opening new possibilities ☆
in the addition of iron to the diet

MOLASSES IS RICH IN IRON—OVER 80% AVAILABLE

QUICK SUMMARY

RESULTS: New Orleans molasses, known to be one of the richest food sources of iron, has now been proven to contain iron of from 80% to 97% availability.

HOW TESTED: (A) Chemically and biologically¹. (B) Clinically².

SUGGESTED USES: For child feeding where its high calorie value plus iron content make molasses a valuable dietary asset; and to provide extra iron during pregnancy.

AVAILABLE IRON CONTENT: 0.653 mgs. per tablespoonful in Brer Rabbit Molasses—Gold Label grade. 1.078 mgs. per tablespoonful in Brer Rabbit Molasses—Green Label grade.

SUGGESTED AMOUNT: One to three tablespoonfuls daily. This may be taken plain, on bread, cereal, desserts or in milk. Physicians may vary the amount, depending on the iron need, age, condition and tolerance of the individual.



Not alone the iron content of food, but iron availability as well is now known to be of prime importance in the diet.

To determine the availability of the iron content of New Orleans molasses and to supply specific comparison with other sources of food iron, the makers of Brer Rabbit Molasses co-operated in carrying out chemical, biological and clinical research. A brief summary of results of

the chemical and biological tests is reported here for the information of the medical profession.

The chemical and biological tests¹ show availability of iron in Brer Rabbit Molasses to be over 90% in the Gold Label grade, in the Green Label grade over 80%.

Because of its low cost and palatability, may we suggest that you recommend the use of Brer Rabbit Molasses where a higher iron content in the dietary is desirable. Penick & Ford, Ltd., Inc., Manufacturers of Brer Rabbit Molasses, New Orleans, La.

TABLE¹

	Total iron mg/100 gm	Per Cent avail- ability	Available iron mg/100 gm
Molasses "A"*	3.2 . . .	97 . . .	3.1
Molasses "B"***	6.0 . . .	85 . . .	5.1
Beef Liver	8.2 . . .	70 . . .	5.7
Oatmeal	4.8 . . .	96 . . .	4.6
Apricots (dry)	4.1 . . .	98 . . .	4.0
Eggs	3.1 . . .	100 . . .	3.1
Wheat	5.0 . . .	47 . . .	2.4
Raisins (Muscat) . . .	3.0 . . .	62 . . .	1.9
Parsley	3.2 . . .	50 . . .	1.6
Beef Muscle	3.0 . . .	50 . . .	1.5
Oysters	5.8 . . .	22 . . .	1.3
Cabbage	1.8 . . .	72 . . .	1.3
Mutton	5.1 . . .	24 . . .	1.2
Lettuce	1.5 . . .	63 . . .	0.9
Spinach	2.6 . . .	20 . . .	0.5

*Brer Rabbit—Gold Label

**Brer Rabbit—Green Label

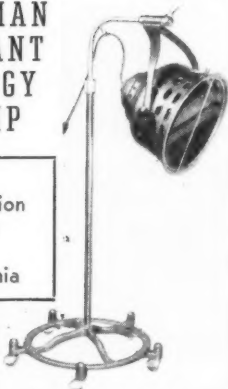
1. Am. J. Dig. Dis., Vol. VI., No. 7 (Sept.) pp. 459-62, 1939.

2. Clinical research completed. Paper being prepared for publication. Reprints of these papers will be sent physicians on request.

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Penetration
Equal to
Mild
Diathermia

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PROFESSION,
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Deep penetration
in 20 minutes—no
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PROTECT *Babies* From SERIOUS FALLS




GUARD
AGAINST
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Use
BABEE-TENDA *Safety Chair*

For generations high chairs have tipped over caus-
ing serious or fatal accidents. The BABEE-TENDA
Safety Chair (patented) eliminates this hazard.
IT IS LOW and can't be tipped or pushed over
like a high chair. A Safety Halter Strap positively
prevents babies from climbing out. Folds compactly
for traveling, can be used outdoors. Is highly en-
dorsed by Pediatricians because it PROTECTS
babies from injuries. Sold only direct to consumers.

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but only 48 per cent were returned. Counties with large cities failed to reply. There was apparent misunder-
standing as to what was meant by
sickness insurance, many confusing
it with group hospitalization plans.
Some secretaries failed to distinguish
between voluntary and compulsory
plans.

Sixty-two per cent stated a need
for voluntary insurance; 44 per cent
felt that the public desired it; and
57 per cent declared that the medi-
cal profession favored it.

N.Y. Hears New Plan

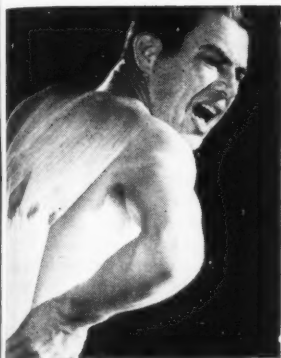
A bill introduced in the New York
Assembly would reorganize the State
Department of Health and transfer
to that department all functions of
the departments of social welfare, la-
bor, education, agriculture and mar-
kets, conservation, and water power,
which pertain to medical, hospital,
public health, and related activities.
A half million dollars would be ap-
propriated under the act for initial
reorganization expenses and addi-
tional personnel.

Safest from Traffic

Dallas, Texas, and Kansas City, Mo.,
have been named co-winners of the
grand award among cities in the 1940
National Traffic Safety Contest. Con-
necticut won the grand award for
States. Oklahoma placed first in the
Southern division; Minnesota in the
Midwestern division; and Oregon in
the Western division. The contest was
conducted by the National Safety
Council.

Pinless-Diaper Debut

Designs for a pinless, buttonless,
waterproof diaper have been granted
a patent by U.S. authorities. Inven-
tors of the garment are a physician,
Dr. Jack A. Rudolph of Columbus,
Ohio, and a clothes designer, Joseph
H. LaKritz, of Cleveland. They de-



*"Doctor,
my back is
STIFF AS A
BOARD!"*

EXPLAIN THE LACTIC-ACID PHENOMENON TO YOUR PATIENTS

Of interest to your patients suffering muscular aches is the formation of lactic acid from muscle glycogen during the contractile period. One reason for the failure of muscles to perform normally is the accumulation of lactic acid beyond the power of the blood flow to disperse. Resulting pain and stiffness are easily understandable when muscles are left waterlogged and distended tightly within their sheaths.

SUGGEST ABSORBINE Jr. TO HELP REMOVE "FATIGUE ACID" FROM MUSCLES From the above discussion your patient will understand why relief so frequently follows when the flow of blood is stimulated and lingering by-products of exertion are speeded away.

Often Absorbine Jr. is a helpful suggestion. Simply patting it on effectively stimulates circulation without burning. **This tends to reduce swelling—ease pain and stiffness.**

A sample of Absorbine Jr. for your own examination will be sent upon receipt of your professional letterhead. W. F. Young, Inc., 207 Lyman St., Springfield, Mass.

ABSORBINE Jr.

scribe their innovation as safe, practical, and simple to adjust. Dr. Rudolph's six-months-old son served as the model during the planning of the diaper. Negotiations for its commercial manufacture are still in progress.

Medicine in N.H.

To commemorate the 150th anniversary of its founding, the New Hampshire Medical Society has published a seventy-nine-page book filled with historical data and testimonials. Among the facts recapitulated in "The Story of the New Hampshire Medical Society":

Inspired by Dr. Josiah Bartlett, nineteen physicians incorporated in 1791 to form the society, which is the third oldest in the country. Dr. Bartlett signed the official papers as president of the State, and was chosen to head the medical group at its first meeting. Dr. Bartlett and Matthew Thornton, another of the original

members, were also signers of the Declaration of Independence.

A fee schedule "established by the gentlemen practicing Physic, Surgery etc. in the town of Portsmouth, N. H., June 1, 1806" is reproduced. Among the charges listed: ordinary house call and one dose of medicine, 75 cents; "visit by night," \$1.50; "visit and reducing compound fracture of the large bones," \$6; "cases of midwifery, easy or common," \$6; and "for each and every dose of medicine, or every half dozen of powders, pills, or boluses, after the first, 20 cents, or double the apothecary's price."

Cabot's Critique

Supervision of voluntary health insurance plans by State insurance commissioners partially accounts for their "weak and unsatisfactory position," in the opinion of Dr. Hugh Cabot. Writing in The New York

Cheerfulness a professional asset

This new, distinctive type of professional furniture takes the gloom out of the examination room. The beauty of the matched, paneled doors is in harmony with the sanitary cabinet walls and upholstery. The many adjustments, electrical connections, irrigator pan, tilting devices, etc., are dependable in convenience and operation. The joinery and finish have no rival, yet the cost is surprisingly low.



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No. 933

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RECEIVER

Also manufacturers of reception room equipment, optometrists' stands and chairs, veterinary tables, chiropody chairs and equipment, mortuary tables.

Write for catalog and prices. EXAMINATION TABLE

TANKS?



Why do we mention tanks?

Frankly, we simply want to illustrate one point: in a tank the vehicle is quite as important as the men inside.

Similarly, in working out the problem of applying pharyngeal medication, one discovers that the vehicle may be quite as important as the contained medication.

Resultantly, we have incorporated analgesic medication in a chewing gum base—with astonishingly favorable results in management of post-tonsillectomy pain and mild throat inflammations.

The chewing gum vehicle stimulates salivary

flow—which carries the medication in an even, smooth flow over the faucial and pharyngeal surfaces, to areas hard to reach with ordinary gargles—while the mechanical acts of chewing and swallowing help loosen stiff, sore muscles. A simple device, but one that you'll find decidedly useful.

Dillard's

Aspergum

Each tablet contains $3\frac{1}{2}$ grains of acetylsalicylic acid, incorporated in a pleasantly flavored chewing gum base.

Aspergum is ethically promoted. We shall be glad to furnish samples for clinical trial, if you will write White Laboratories, Inc., Newark, N. J.



Times. Dr. Cabot declared:

"It is not to be expected that as long as stress is laid upon the financial security of these companies, much improvement in the distribution of medical care will result. . . . [Most plans] are so full of exceptions and so discouraging to child-bearing as to suggest that they do not offer an attractive article. None of them even suggests that there will be medical supervision which excludes incompetent practitioners, which confines physicians to the work for which they have known qualifications, or, in fact, sets any valuable standards of performance.

"It seems to me abundantly clear that in the phrase 'health insurance' it is health and not insurance that people are looking for. It follows that these corporations are placed under the wrong government agency. . . . States must develop health organizations which can direct intelligently

the offerings of these corporations.

"Until the objective of positive health is required, and until child-bearing is made less prohibitively expensive, it will be difficult to persuade the public that they can obtain through prepayment plans the sort of supervision of their health in which they are and ought to be interested."

In Defense of Health

To train physicians, engineers, nurses, and laboratory technicians in national-defense health problems, the U.S. Public Health Service last month inaugurated a series of intensive study courses at the National Institute of Health, Bethesda, Md. Two hundred and fifty qualified public health workers selected from civil service lists are being instructed in three thirty-day relays. Graduates of the course will be assigned to the various States to aid local health officials in caring

A "follow through" . . .

FOR THE CHRONICALLY COSTIVE

IN undertaking effective relief of constipation, Neo-Cultol "follows through" by supplying the means for active detoxication . . . by virtue of its unique formulation and dual action:

1. **MECHANICAL** . . . Neo-Cultol is basically a highly refined mineral oil jelly—affording controlled lubrication free from leakage.

2. **ANTI-PUTREFACTIVE** . . . Neo-Cultol provides viable acidophilus bacilli—and due to their rapid proliferation in the natural habitat (the colon), this growth occasions crowding out of the putrefactive flora.

Its delicious chocolate flavor enlists favorable patient acceptance, particularly for extended medication. Have you tried Neo-Cultol in constipation? Literature on request.

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SOME 180 TRYING DAYS

Averaging some 180 trying days, the prenatal period offers many possibilities for calcium and other mineral deficiencies, for nausea of pregnancy, for a score of other complications. Daily replenishment of the basic mineral reserve may be successfully accomplished by the administration of Alka-Zane.

Alka-Zane furnishes sodium, potassium, calcium and magnesium in the readily assimilable forms of citrates, carbonates and phosphates. Every heaping teaspoonful of Alka-Zane supplies as much basic calcium as 12 grains of calcium lactate or 18 grains of calcium gluconate. The absence of sulfates in Alka-Zane makes it especially well suited for adjunct treatment with sulfanilamide.

An efficient alkalizer when acidosis complicates the pathologic picture, that is Alka-Zane. A trial supply gladly sent to physicians. Please write on your letterhead.

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ALKA-ZANE *for* **ACIDOSIS**

CASE HISTORY No. 102

Cheilitis from Lipstick

Mrs. P. W.—Symptoms: Lips fissured, scaling and dry. Advised all cosmetics be discontinued. Condition cleared in week. Patient later permitted use of lipstick. Eruption reappeared. Patch tests revealed bromo acid in lipstick reacted positively. AR-EX non-permanent lipstick prescribed. No cutaneous reactions occurred. AR-EX offers ethical beauty aids, free from known irritants and allergens.

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AR-EX COSMETICS,

Pamphlets on SOCIALIZED MEDICINE

Do you believe the public should be taught the dangers of socialized medicine? Then you'll want to do your part by distributing copies of the pamphlet, "Family Doctor or Federal Agent?" They're available at cost: 25c per carton of fifty.

Simply place a carton on your reception-room table. Fold back the top, which reveals the words, "Take One!" And patients will help themselves.

The pamphlets have several unique advantages: They're brief, carefully worded to reflect the best professional ethics, and comprehensible to anyone. No commercial or other imprint appears on them except the copyright notice in small type. They measure 6" x 3 1/3". A sample is yours for a three-cent stamp. Address: MEDICAL ECONOMICS, INC., Rutherford, N. J.



Sterilizer, double deluxe cabinet, and Autoclave. The "41" Model for your '41 office. See it!
 Details on request
PELTON & CRANE CO.
 Detroit
PELTON "41" STERILIZER

for increased populations at army cantonments and in defense industry areas.

Establishment of the school is the first step in a \$525,000 health preparedness program authorized by Congress in a recent deficiency bill.

Denver Plan Outlined

A medical service plan for low-income groups soon will be acted upon by the Denver (Col.) Medical Society. Among provisions up for consideration are:

1. The use of a joint sales force by medical and hospital plans.
2. Establishment of two separate medical service plans—one for full medical and surgical benefits, and the other for surgical emergencies.

Medical Biographies

Biographies of fifty-five modern medical men and women are contained in the first bound annual volume of "Current Biography," monthly magazine launched last year by The H. W. Wilson Co., New York City. The 925-page book, just released, can be consulted in libraries all over the country. Among its biographical sidelights:

Dr. Chevalier Jackson, dean of laryngologists, helped work his way through college by painting china and glass.

Surgeon General Thomas Parran Jr. once milked a cow on a city street to boost milk consumption.

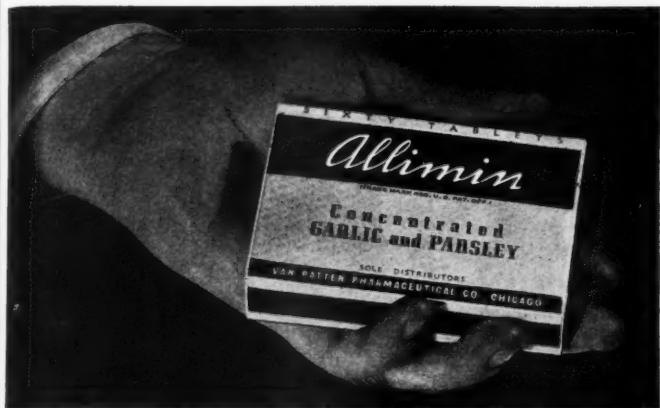
Dr. Henry E. Sigerist, leading medical historian, used to get up at dawn to study Arabic grammar.

Blood Plasma Reservoir

Creation of a national reservoir of blood plasma to be used by the army and navy for emergency transfusions, as well as for treatment of civilians injured in disaster, is announced by the American Red Cross.

Present plans call for the produc-

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We "hand" it to you for— The greater safety and comfort of your hypertensive patients

You will find in ALLIMIN Concentrated Garlic-Parsley Tablets a useful aid for reducing blood pressure and relieving the associated symptoms of headache and dizziness.

Clinical tests with ALLIMIN have demonstrated an average reduction of 12.3 mm. Hg. in systolic blood pressure amounting to 25.9% of the hypertensive value in this series. Statistics show that ALLIMIN provides the greatest relief in those cases in which blood pressure is highest. Relief of headaches and dizziness usually parallel the reduction in blood pressure.

These clinical results have recently received pharmacological verification. In experiments involving the use of cats (because their blood pressure was found to remain remarkably constant under laboratory conditions), the intraperitoneal injection of ALLIMIN produced an average fall of 27.2 mm. Hg. systolic pressure within 30 minutes.

Free from harmful drugs, ALLIMIN is not toxic. There are no side-effects such as occur with sedation and no undesirable after-effects. There are no contraindications and no incompatibles. Each tablet contains 4¾ gr. garlic concentrate and 2¾ gr. parsley concentrate with excipients and coating. The dose is 2 tablets three times daily, skipping every fourth day. Tablets are to be swallowed, not chewed.

ALLIMIN is advertised only to the profession. For professional sample and literature sign and mail coupon herewith.

VAN PATTEN PHARMACEUTICAL CO.
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Gentlemen: Please send me the following:

- ☐ Reprint of article: THE EFFICACY OF GARLIC CONCENTRATE IN REDUCING BLOOD PRESSURE as determined by Standardized Pharmacological Tests on Cats from: Medical Record 152:354, 1940.
- ☐ Professional Sample of ALLIMIN.

M.D.

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tion of 10,000 units of dried plasma, a unit being equal to one pint of processed whole blood. The amount of liquid plasma to be stored has not been definitely determined as yet. Processing of whole blood for the production of plasma is being done at the Sharp and Dohme laboratories in Philadelphia, where the product is also being stored. Donors are being enrolled in New York and Philadelphia.

Health Insurance Drive

Group Health Association, Inc., first cooperative health insurance group formed under New York State law, has launched an educational campaign to secure subscriptions from the general public.

Service offered includes general medical care, specialists' care, operations, maternity care, and laboratory procedures. The plan is open to persons under 60 whose annual earnings are not above \$2,000 for a single person without dependents, and \$3,000 for a married couple or an individual with one dependent. Individual subscriptions are \$24 a year, plus \$18 for each dependent. Subscribers joining through employe and similar groups pay \$18 a year. Enrollees select their own physicians from a list of eligibles. Only limit on service is a \$1 fee for the first visit made by the physician to the home (meaning,

presumably, the first visit in each illness).

Family doctors receive a flat rate of \$8 a year for each subscriber regardless of the amount of time and services required. There will also be set aside each month a fund to pay specialists and surgeons who will bill the association at the rates approved by the State for workmen's compensation cases.

Dr. Hugh Cabot, speaking at a luncheon which launched the campaign, declared: "Administration of health insurance programs and the supervision of medical care must be completely separated if they are to succeed. One of the gravest difficulties is the alleged code of ethics of the American Medical Association which terms solicitation of patients by physicians as individuals, groups, or organizations 'unprofessional.'" Dr. Cabot termed this a "carefully worded piece of damned nonsense"; said the public must be taught about health insurance, and that doctors must do it.

Salaries for Salesmen

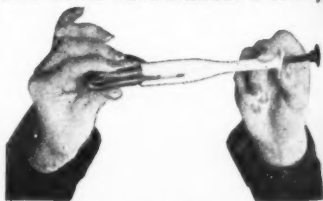
A New York Legislature bill which would prohibit medical indemnity and hospital service corporations from employing solicitors on a commission basis has been endorsed by the State medical society.

Representatives of various New

Now EVERY Doctor Can Fit a Pessary with the use of Bach Pessalator and Bach Soft Rubber Pessary

- The key-note of the Bach Pessalator and Bach Cervical Cap Pessary—all soft rubber, no metal spring in the rim—is simplicity.
- By means of the Pessalator, the Bach Pessary can be applied quickly, easily and gently.
- There are three sizes—regular, medium and large, but the regular size will usually fit the average, normal cervix.
- Price: Pessalator and Pessary \$1.50 each. Physician's Samples (limited) 60c each.

Distributed by THE SANITUBE COMPANY, Dept. B, NEWPORT, R. I.



Instruction circular on request



The Pitcher Plant

The very life of certain species of Pitcher Plant depends on their capacity to hold and maintain a positive "water balance" in their jug-like appendage

Why do we stress "HYDROPHILIC COLLOID"?

THE value of Mucilose in the treatment of constipation is dependent on its hydrophilic property—its capacity to "drink" water which causes it to swell to several times its original bulk.

Taken with plenty of water Mucilose helps re-establish the "water balance" of the feces, producing a soft, bland, easily-passed, normal stool.

Mucilose avoids the objections to oily lubrication, does not interfere with the absorption of vitamins from

the bowel, does not impair digestion, does not leak through the anal sphincter.

For the relief of bowel stasis, prescribe

MUCILOSE

Available for prescription specification as Mucilose Flakes, Mucilose Granules, Mucilose Granules Improved (40% Dextrose).

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Please send me a clinical supply of Mucilose.

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When Pain Interferes With Sleep

In the many conditions which prevent sleep because of persistent pain, the parenteral administration of opiates may not be the desirable method of overcoming the patient's discomfort. The relatively short-lived influence so exerted, and the emotional trauma often attending hypodermic injection, make oral administration of analgesic agents preferable. For the control of pain, Papine offers decided advantages. Containing morphine hydrochloride and chloral hydrate in a palatable vehicle, it is indicated whenever opiates are called for. Dosage is easily regulated, hence pain of any intensity may be controlled. The action of Papine is more prolonged than that of hypodermically administered opiates, a feature which enhances its desirability in protracted illness.

BATTLE & CO.

4026 Olive St.

St. Louis, Mo.



York plans split over the measure. The Associated Health Foundation and the Medical Guild Foundation claim it would seriously handicap expansion of their programs. But Group Health Cooperative and the Medical Expense Fund favor the bill because it would "enable control of representatives, avoid resentment of subscribers toward commissions, and avoid having solicitors going to back doors and claiming we have better doctors than somebody else."

Health Bill Rejected

A legislative proposal which would have provided compulsory health insurance for families with incomes of less than \$1,500 a year has been defeated in the Oregon House of Representatives. The vote was 47 to 12. Sponsor of the bill was Representative J. F. Hosch, a physician.

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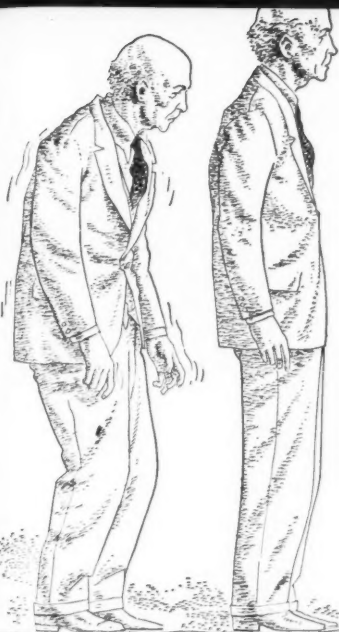
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to assure
a more
hopeful
future
for the
Parkinsonian
patient

THE response to 'Rabellon' therapy in Parkinson's disease and paralysis agitans is often prompt and dramatic. Many patients who have been unable to walk due to the failure of muscle co-ordination have regained sufficient muscle control following seven to ten days of treatment to enable them to walk unaided.

• • •

A recent report reviewing an extensive series of cases states that of thirty-four patients with post-encephalitis (Parkinsonism), 50 per cent were markedly improved and 32 per cent were moderately improved. Some became entirely free from symptoms and the majority were able to work. Of eighteen patients with paralysis agitans, 17 per cent were greatly improved and 33 per cent were moderately improved. It must be realized that treatment with 'Rabellon' as well as all other known forms of therapy in this disease is purely symptomatic.

'Rabellon' Tablets are supplied in 0.5-mg. (total alkaloids) tablets in bottles of 100 and 1000. The tablets are quarter-sected to permit administration of small doses for initial treatment.

Rabellon

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"A TIME-TRIED SENIOR-JUNIOR PARTNERSHIP"

Article reprints available

The popularity of a 1937 MEDICAL ECONOMICS article on partnership contracts led to its revision and republication in 1939 under the title "A Time-Tried Senior-Junior Partnership." To answer the continuing demand for copies, reprints have now been made available at the cost price of 10 cents each. Address: Medical Economics, Inc., Rutherford, N.J.

The article explains in detail the three fundamental types of joint-practice arrangements between older and younger physicians—the assistant association, the office-sharing plan, and the contractual partnership. The text of a sample contract is included.



Safer and more palatable INTERNAL IODINE MEDICATION

For an effective alternative, sorbent, glandular stimulant, and eliminant, clinicians find Gardner's Hyodin—

Less toxic—It minimizes the risk of iodism caused by stronger alkaline iodides.

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More palatable—Has pleasant lemonade-like flavor, and is well tolerated, especially by the stomach.

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Formerly Gardner's Syrup of Hydriodic Acid
Firm of
R. W. GARDNER
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Supplied in
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Send for
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A Natural WAY TO INCREASE Vitamin B₁ INTAKE

Most nutritionists agree that the American people should receive their needed vitamins from natural foods rather than from pharmaceutical preparations.

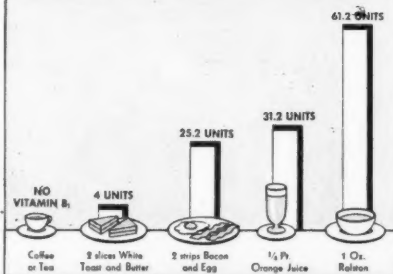
The accompanying chart shows how Ralston Wheat Cereal helps to increase the vitamin B₁ content in the daily diet. Made from whole wheat—with only coarsest bran removed—and enriched with natural wheat germ, Ralston more than doubles the vitamin B₁ content of the usual breakfast.

In addition, Ralston supplies the essential carbohydrates, proteins, iron and phosphorus of whole wheat in their natural and most desirable state.

And most important, Ralston is a delicious hot wheat cereal that appeals to young and old alike. Try suggesting Ralston to your patients. It's an easy way to increase natural vitamin B₁ intake.

FREE TO DOCTORS: New illustrated 24-page book, "Whole Wheat and Its Importance as a Natural Source of Vitamin B₁" and a supply of samples. Simply write request on your letterhead and address to Ralston Purina Company, 945D Checkerboard Square, St. Louis, Mo. (Offer limited to U. S. A.)

HERE'S HOW RALSTON WHEAT CEREAL DOUBLES THE VITAMIN B₁ CONTENT OF THIS AVERAGE BREAKFAST



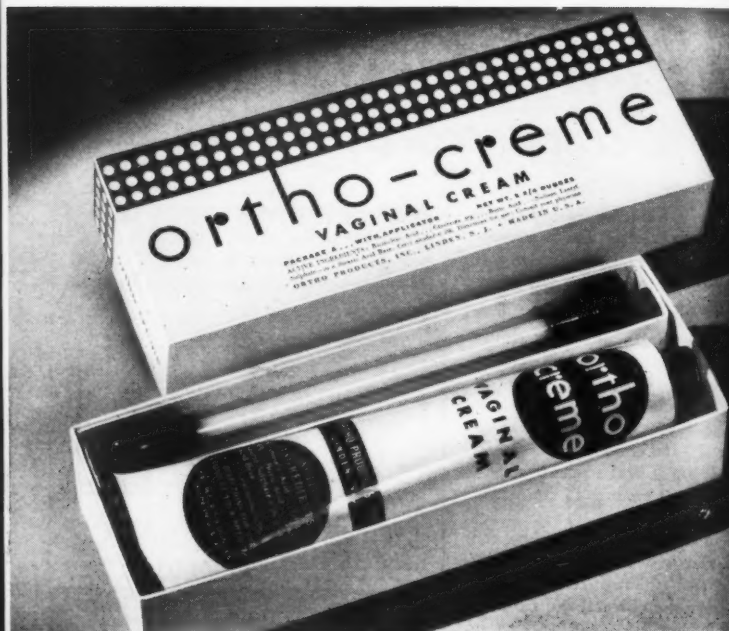
Ralston supplies 61.2 International Units of vitamin B₁. These other nourishing foods supply 30.4 International Units. If 1/2 pint of milk is also served, the vitamin B₁ content will be increased 31%.



ONLY NATURAL WHEAT GERM IS USED TO MAKE RALSTON EXTRA RICH IN VITAMIN B₁.

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